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ENSURING ACCESS TO QUALITY
HEALTHCARE IN CENTRAL ASIA

Six-Month Report January – June 2003

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ABBREVIATIONS

AC	Licensing and Accreditation Commission
ADB	Asian Development Bank
AED	Academy for Educational Development
AIHA	American International Health Alliance
AKF	Aga Khan Foundation
AKHS	Aga Khan Health Service
AOH	Agency of Health
ARI	Acute respiratory infection
ASVP	Association of SVPs
BWAK	Business Women's Association of Kazakhstan
CA	(USAID) Cooperating Agency
CAR	Central Asian Region
CARINFO	Central Asian Region Information
CBO	Community based organization
CC	Counterpart Consortium
CDC	US Centers for Disease Control and Prevention
CDD	Control of diarrheal diseases
CDIE	Center for Development Information and Evaluation
CG	Community group
CIF	Clinical information form
CINDI	Countrywide Integrated Non-communicable Disease Intervention Program
CHL	Center for Healthy Lifestyles
CME	Continuing medical education
CNE	Continuing nursing education
COC	Combined oral contraceptive
COR	Council of Rectors
CPG	Clinical practice guidelines
CPIB	Central Project Implementation Bureau
CQI	Continuous Quality Improvement
CRH	Central rayon hospital
CSG	Clinical statistical group
CTU	Contraception Technology Update
DBMS	Database management system
DDRP	Drug Demand Reduction Project
DEC	Development Experience Clearing House
DFID	Department for International Development (United Kingdom)
DIC	Drug Information Center
DOTS	Directly observed treatment short course
DRG	Diagnosis related groups
EBM	Evidence-based Medicine
EDL	Essential drug list
EKG	Electro cardiogram
EKO	East Kazakhstan Oblast
EDL	Essential Drugs List
F&M	Financing and Management
FAP	Feldsher/midwife ambulatory post
FGP	Family Group Practice
FGPA	Family Group Practice Association
FM	Family Medicine
FMC	Family Medicine Center
FMTC	Family Medicine Training Center
FMRP	Family Medicine Residency Program
FOP	Feldsher Obstetrics Point

FP	Family Planning
FY	Fiscal Year
GP	General Practitioner
GSAC	Government Services Adjustment Credit
GTD	Global Training for Development Project
HA	Hospital association
HCGP	Healthy Communities Grants Program
HCT	Health Communication Team
HF	Health finance
HIC	Health Information Center
HIF	Health Insurance Fund
HIS	Health Information System
HMC	Health Management Center
HOH	Houses of Health
HR	Human resources
ICD-10	International Classification of Diseases Version 10
ICMA	International City-County Management Association
ID	Information Dissemination
IDS	Intensive demonstration site
IEC	Information, education, and communication
IESC	International Executive Service Corps
IHF	International Hospital Federation
IKO	Issyk-Kul Oblast
IMCI	Integrated Management of Childhood Illnesses
IOH	Institute of Health
ION	International Organizations Network
IPCS	Interpersonal Communication Skills
IPPF	International Planned Parenthood Federation
IR	Intermediate result
IUD	Inter-uterine device
JHPIEGO	Johns Hopkins University affiliate working in reproductive health
JSI	John Snow International, Inc.
JWG	Joint working group
KAP	Knowledge, attitudes, and practices
KAFP	Kazakhstan Association of Family Practitioners
KCH	Keeping Children Healthy
KFW	Kreditanstalt Fuer Wiederaufbau
KMPA	Kazakhstani Association for Sexual and Reproductive Health (formerly known as the Kazakhstani Medical Pedagogical Association)
KSICME	Kyrgyz State Institute for Continuous Medical Education
KSMA	Kyrgyz State Medical Academy
LAC	Kyrgyzstan Licensing and Accreditation Commission
LAM	Lactational Amenorrhea Method
LRC	Learning Resource Center
M&E	Monitoring and Evaluation
MA	Medical Academy
MAC	Medical Accreditation Committee
MCH	Maternal and Child Health
MCHC	Maternal and Child Health Center
MES	Medical Economic Standards
MHI	Mandatory Health Insurance
MIC	Medical Information Center
MOF	Ministry of Finance
MOE	Ministry of Education
MOH	Ministry of Health
MOU	Memorandum of understanding

MSF	Medicins Sans Frontieres
NCC	Nurse Coordinating Council
NCDE	National Center of Drug Expertise
NDP	National Drug Policy
NFMRP	National Family Medicine Residency Program
NGO	Nongovernmental organization
NHA	National Health Accounts
NHLC	National Healthy Lifestyles Center
NHPC	National Health Promotion Center
NIS	Newly Independent States
NJWG	National Joint Working Group
OHD	Oblast Health Department
OMT	Office of Market Transition
OPD	Outpatient Department
OPIB	Oblast Project Implementation Bureau
ORA	Orphans, Refugees and Aid International
OSI	Open Society Institute (Soros Foundation)
OST	Office of Social Transition
PC	Prenatal care
PCV	Peace Corps Volunteer
PDB	Population Database
PEPC	Promoting Effective Perinatal Care
PGI	Postgraduate Institute
PGMI	Postgraduate Medical Institute
PHC	Primary Health Care
PHCP	Primary Health Care Practice
PIB	Project Implementation Bureau
PIU	Project Implementation Unit
PMP	Performance monitoring plan
POC	Progestin – only contraceptive
PPS	Provider Payment System
PRA	Participatory Rapid Appraisal
PSI	Population Services International
PTC	Pharmacy and Therapeutics Committee
QA	Quality Assurance
QI	Quality Improvement
QIP	Quality Improvement Pilot Project
QIS	Quality Improvement System
QPHC	Quality Primary Healthcare
R&D	Research and Development
RCCME	Republican Center for Continuing Medical Education
RFA	Request for application
RFP	Request for proposal
RH	Reproductive health
RHPC	Republican Health Promotion Center
RIAC	Republican Information and Analytical Center
SDC	Swiss Development Corporation
SES	Sanitary and Epidemiological Service
SHEP	Sports and Health Education Project
SIF	Social Insurance Fund
SPH	School of Public Health
STG	Standard treatment guidelines
STI	Sexually transmitted infection
STLI	Scientific Technology and Linguistics Institute
SUB	Small rural hospital
SVP	Semeinaia vrachebnii ambulatoria

SVP	Semeinaia vrachebnii punkt
SVPA	Semeinaia vrachebnii punkt association
TA	Technical assistance
TIAME	Tashkent Institute for Advanced Medical Education
TB	Tuberculosis
TB/DOTS	Tuberculosis / directly observed treatment short-course
TIMC	Tashkent International Medical Clinic
TOR	Terms of reference
TOT	Training of trainers
TQM	Total Quality Management
TRG	Training Resource Group
TS	Treasury system
TSMU	Tajik State Medical University
TWG	Technical Working Group
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
USAID/CAR	United States Agency for International Development/Central Asian Region
UZMPA	Uzbekistan Medical Pedagogical Association
WAN	Wide area network
WB	World Bank
WG	Working group
WHO	World Health Organization
WONCA	World Organization of Family Doctors
WTO	World Trade Organization
ZP	ZdravPlus

REGIONAL Six-Month Report January – June 2003

REGIONAL SUMMARY

Population Involvement

Community Involvement

Healthy Communities Grant Program

One of the key activities launched during this reporting period was the Healthy Communities Grant Program (HCGP), a regional small grants program which is a joint program of ZdravPlus and Counterpart. The program is funded by USAID and represents the joint efforts of Counterpart and ZdravPlus in all five CAR countries, including Soros as a partner in Kyrgyzstan. Through the new grant program, local NGOs, community-based organizations (CBOs), and community groups (CGs) are eligible to receive grant funding to carry out projects which aim to improve the health of the population. Two types of grants are offered:

- Community Action Grants (50% of funding) aim to support local NGOs, CBOs, and CGs in working with local community members and other stakeholders to address clearly-identified community health needs. Communities are expected to play an active role in problem identification and project implementation.
- Health Grants (50% of funding) aim to support NGOs, CBOs, and CGs in implementing health projects in cooperation with primary health care workers in the community. Health Grants are intended to support innovative projects which focus on the use of information to improve health in the community, including, but not limited to, improvement of public access to health information, advocating for community needs, addressing systemic issues in the health care system, and supporting the development of health networks.

The regional grant program will last for 2.5 years, until May 2005, with the total funding region-wide reaching \$1.3 million. Grants will be awarded three times a year for the implementation of projects. The suggested duration for all projects is six months. Any NGO, CBO, or CG is eligible for this program. Both types of grants have a maximum award level of \$5,000 and require a cost-sharing contribution of at least 20 percent, which may include in-kind support. In addition to funding, grantees will receive technical assistance including training and advising from Counterpart and ZdravPlus.

In an effort to promote widespread understanding and awareness of the program and the types of grants offered, each HCGP country team held a press conference for local and national press. The effort was successful as record numbers of organizations applied for training provided by Counterpart as part of the program, and the number of actual applications received in each country was impressive. Grant review committees were held in early spring and on average resulted in 12 grantees for each country. Following the award of the grants, ZdravPlus will work with each grantee and provide them with appropriate technical assistance to assist them in completing their project. Technical assistance will vary in activity ranging from helping to develop brochures, to providing trainers, or training organizational leaders on interpersonal communication skills.

For more details on the grants awarded, please refer to the Population Involvement section of each country report.

IPC TOT Workshop

The November 2002 TOT on Interpersonal Communication Skills generated enormous enthusiasm among the new trainers and this has been translated into a large number of training workshops for PHC facility staff, healthy lifestyle and NGO staff, as well as others in Kazakhstan, Kyrgyzstan and

Uzbekistan (see the individual country reports). The demand for IPC training has been so great that it has become a partially regional activity, as republican and oblast governments request not only IPC training, but also that selected personnel be trained as trainers, so they can roll-out their own workshops. The three master-trainers in the region are doing their best to meet this need, traveling to other countries to help train new cadres of trainers.

Anti-Tobacco Study Tour to the United States

ZdravPlus, working with the Academy for Educational Development (AED), has organized an anti-tobacco and anti-alcohol study tour to the US. ZdravPlus reviewed bidding proposals for the study tour and along with AED and USAID representatives, participated in a selection committee interviewing potential tour participants. The participants, coming from Kazakhstan, Kyrgyzstan, Uzbekistan and Tajikistan, will be composed of middle-management NGO employees and representatives from the Centers for Healthy Lifestyles in each country. All participants were selected in an open competition.

Quality Improvement

Council of Rectors (COR) Activities

COR Conference on Evaluation

The COR conference titled, “Assessing Knowledge and Skills: Using Standardized Evaluation in Medical Education” was held May 20-23, 2003 in Bishkek, Kyrgyzstan. The conference was devoted to the issue of clinical knowledge and skills assessment using the criteria of CAR Medical School Graduates approved by the All-Member First Meeting of CAR COR members in May, 2002. During the conference, a training workshop on faculty development related to standardizing test development was held. There were over 100 participants, including senior medical educators, administrators of CAR Medical Universities, representatives of MOHs responsible for medical education, medical workforce planning, licensure and accreditation, and CAR journalists. As a result of the conference, participants developed proposals on faculty development activities and further developed ideas on how to integrate the modern medical education technologies into the training processes in CAR medical schools.

CAR COR Members Meeting

A CAR COR members meeting also took place. This meeting was devoted to the assessment of the conference results and to the planning of the future activities of CAR COR. Key outcomes of the meeting included the following:

1. A commitment to developing and publishing uniform training materials to all CAR Medical Schools on clinical knowledge and skills assessment (OSCE), which will consist mainly of directions and definitions, case studies, and written items developed by medical schools as locally adapted examples; A draft manual will be prepared by Work Group/Editorial Committee and reviewed by US medical experts for compliance with international standards and is to be discussed and approved by medical experts at one of the next CAR COR conferences.
2. Plans to hold an additional conference/faculty development workshop focused on the topic of modern training technologies in Dushanbe, Tajikistan at some point in 2003.
3. Continuation of work with MOHs, “Central Asian Cooperation,” international organizations, and the mass media to disseminate information on CAR COR activities with the aim of receiving support for the region-wide use of developed materials;
4. Starting to work with US experts on a situational analysis of standardized testing following licensure process; and
5. Developing a questionnaire for a database project.

CAR Nursing Council

CAR Nursing Coordinating Council

From February 24-26, 2003 the CAR Nursing Coordinating Council (NCC) Executive Committee Meeting was held. The meeting was devoted to discussing the draft curriculum on family nurse training, reviewing data collection activities currently underway by the Nursing Associations and NCC, and planning the April 2003 Nursing Conference.

Family Nurse Conference

From April 23-25, 2003 the conference, “Family Nurse in CAR Countries: Education and Practice/ Main Components of the Curriculum/Role of Health Care Services and Community Organizations” was held in Almaty, Kazakhstan. The 80 participants included nurse educators, nurse practitioners, nurse trainers, nursing association members, and representatives of MOHs and Ministries of Education (MOE). During the conference, participants discussed and approved the curriculum on Family Nurse Training (based on Family Nurse Core Competencies, approved in April 2002), discussed nursing educational standards, modern training technology, nursing registry and nursing association activities. The “Resolution of the Conference” was created and approved and will serve in the development of the action plan for the upcoming year. The CAR NCC will send the MOH a report from the conference along with recommendation documents, resolutions and other informational materials.

Following the conference, members of the CAR NCC met and discussed the results of the conference, approved amendments to the bylaws, and assigned members to develop portions of the action plan.

Regional EBM Study Tour to Russia on Quality Improvement

Thirteen Central Asian counterparts from Uzbekistan, Kazakhstan, Kyrgyzstan and Tajikistan participated in a study tour to Russia as part of a joint effort between AED and ZdravPlus. One ZdravPlus staff person from each country accompanied them. The 2-week tour included a balanced mix of training sessions and site visits and focused on two topics: 1) the use of evidence-based medicine to develop clinical guidelines and protocols, and 2) the use of quality improvement techniques to implement the guidelines and improve health system performance. In Dubna, participants were trained in evidence-based medicine (EBM) and became familiar with the production of clinical practice guidelines through a project supported by AIHA. In Moscow, they visited an EBM center, and in Tver, they learned about a specific quality improvement project on respiratory distress syndrome in neonates. The participants are involved in very similar quality improvement (QI) activities supported by ZdravPlus in Central Asia and should benefit from having seen some results in similar healthcare systems that are more advanced in their QI efforts. ZdravPlus is planning to organize in-country debriefings so that participants can sensitize more staff.

Regional Training in EBM

ZdravPlus provided a joint 4-day intensive EBM course with the Department for International Development (DFID)/British Council for 30 participants on May 5-8. This course is an example of an institutionalized activity. Two years ago, DFID and ZdravPlus experts conducted the course for KAFP members/PGI trainers and DFID-sponsored trainees. Last year, less international support was needed and this year, the course was conducted entirely by KAFP members/PGI trainers, and ZdravPlus methodologists and Clinical Director, except for one-day's participation by a DFID-sponsored British trainer. It is also an example of the good collaboration ZdravPlus has had with the DFID project here, in helping to develop a cadre of qualified family medicine trainers and in developing sustainable training courses such as the rational drug prescribing course and this EBM course. This year's course included 10 participants from the Uzbek Postgraduate Institute, Medical Institutes, Uzbekistan ZdravPlus Offices, 11 Family Medicine Residency students from all of Kazakhstan's Medical Schools, Postgraduate Institute, three Kazakhstan Quality team members, Karaganda and Ferghana DICs staff, two trainers and one researcher. DFID/BC Project paid for 11 Residency students. Each participant received two important EBM books in Russian.

Eurasia DIC Network

The Eurasia Drug Information Center (DIC) network was launched in February in Almaty at a two-day meeting, supported by AED. The 10 participants in the study tour to Moldova last September met to review progress since the tour and to set up a collaborative network allowing participants to share information, find solutions to problems, develop a joint newsletter—the first edition of the newsletter was produced and disseminated—and share successful activities and best practices. This network also connects the DICs in Central Asia with their Russian counterparts. In May, the EDIN organized a roundtable on PHC to commemorate 25 years since the AlmaAta PHC Declaration. ZdravPlus made a presentation about PHC development in Kazakhstan.

Improving Legislative, Regulatory and Policy Framework

Policy Analysis, Monitoring and Evaluation, and Research

Monitoring & Evaluation

The level of effort and importance of M&E continues to grow. Partners in all countries have bought in to using M&E to refine, inform and advocate their reforms. For example, key counterparts in Kazakhstan were able to see firsthand how the M&E system enhanced the overall process of reform and could provide data documenting changes in the system.

Building on the experience and successes of the Karaganda M&E system, ZdravPlus, together with AED, held a training seminar in April titled, “Health Care System Development – Monitoring and Evaluation.” The seminar was conducted within the framework of monitoring and evaluation activities in Kazakhstan following a joint ZdravPlus, WHO and AED training course conducted earlier in February, 2002.

To strengthen the success of the seminar, a follow-up seminar (as a cost-share between AED and ZdravPlus) has been scheduled for winter, 2004. The purpose of this training is to support one of the next steps, which includes disseminating principles, theory, methodology, practical operational procedures, results, and lessons learned to all oblasts.

Information Dissemination

Information dissemination remains an important ZdravPlus policy marketing tool requiring considerable resources and effort. ZdravPlus recipients of regular dissemination materials include medical universities and colleges, medical research institutes, healthy lifestyles centers, family group practices and hospitals, FGP and other health associations and NGOs, the Ministry of Health and the government, and oblast and city health departments. ZdravPlus materials, including technical documents, are disseminated at conferences and workshops. The most recent example is the national health financing workshop for oblast level health financiers for which a whole set of technical materials has been prepared and disseminated.

Over the past six months, a package of ZdravPlus information materials has been prepared for printing and disseminating. The package includes Country Profiles (5 countries), ZdravPlus representation brochures, the Key Publication List and Road to Results. Four out of nine Road to Results, published in the last six months, describe Kazakhstan successes in pilot sites, namely: the anti-TB campaign in Karaganda (2001-2002), the Safe Motherhood project in Zhezkazgan, the Red Apple hotline and the Karaganda Drug Information Center.

The “Time to Be Healthy” Newsletter has become part and parcel of ZdravPlus routine information dissemination work. The newsletter is available on the ZdravPlus website and approximately 1,300 hard copies of each issue are disseminated throughout Kazakhstan alone.

In January of this year, it was decided that the “Time to Be Healthy” newsletter should be a quarterly publication and the first issue of 2003 (#6/14) came out in March. The volume of the bulletin has increased to 16 pages and new sections have been introduced. For example, a new rubric titled, “Voices of Reforms” is designed to voice opinions of various people – implementers of reforms, health

providers, policy makers, and ordinary people who are interviewed by ZP staff. Another new section is called, “EBM Facts. Do you know that...?” which should contain interesting EBM information on various health topics. Contributors to this section are Damilya Nugmanova and ZdravPlus methodologists.

The topic of the first issue, out in March, was *Reproductive Health* with a cover story about Kazakhstan’s *Red Apple Hot Line*. The issue also highlighted the *Keeping Children Healthy Campaign* in Turkmenistan and the innovative approach towards pregnancy and delivery at the Zhezkazgan pilot site. Related to the topic is also, “Marketing Is Not Only for Business” material contributed by PSI. The newsletter also addressed the *Healthy Communities Grant Program*. The topic of the second issue (due out in June) is *Quality of Care* containing a leading article by Bruno Bouchet and others on the contemporary concept of quality of care and the ways of implementing it. The issue is going to cover ZP healthcare quality implementation activities throughout Central Asia.

In April, a Primary Health Care (PHC) paper resulting from regional ZdravPlus efforts was completed. The Russian version of the book, originally written by a group of authors from Boston University School of Public Health (Department of International Health), has been adapted with the consideration of political sensitivity and local tradition. Six sections of the paper cover issues pertinent to Kazakhstan in particular and Central Asia in general. The book focuses on the definition of primary health care and its evolving character, using the Almaty Declaration of 1978 as a background and provides an overview of international experience in PHC development, describes PHC delivery models, incentive-based PHC provider payment methods, and the overall role of national and local government. It is hoped that the book will be useful for policymakers and health organizers of different levels of authority.

RESOURCE USE

Health Financing: Socium Consult continued to prepare documentation and materials for regional dissemination related to the experience of the Kyrgyzstan single-payer system. While the entire system may not be relevant for each Central Asian country, there are definitely elements of the system that are in demand in other countries, such as the institutional structure, provider payment systems, outpatient drug benefit, and formal co-payments. Plans are being initiated for a regional conference over the next year.

Health Information Systems (HIS): Computer specialists remained active in rolling-out different modules or elements of the HIS across countries to avoid duplication of research and development costs. For example, initial stages of the roll-out of the Kyrgyz hospital databases (clinical information systems and billing systems) to Uzbekistan and Tajikistan occurred over the last six months.

Health Management: Over the last six months, ZdravPlus worked hard to consolidate many years of health management training materials into an overall framework and classification system, thus allowing efficient use of available materials. Subrata Routh and Simon Smith are taking the lead responsibility in this area.

COUNTRY SUMMARY BY PILOT SITE

Kazakhstan Health Reform Environment and ZdravPlus Strategy

Over the past six months, ZdravPlus, concluding its three-year base period, has continued to pursue a three-prong strategy aimed at creating a broad platform for health reform in the country. The three strategic avenues are: (i) supporting national health policy development; (ii) deepening health reforms in core pilot sites, and (iii) developing an oblast level critical mass of health reformers. While the content of the strategy has remained consistent with the overall health reform program objectives, the balance between the three major elements of the strategy has been changing, however, with the progress of health reform.

The content of the national health policy strategy includes the development of broad health financing issues as its core element, and broadening and strengthening the national level coalition of health reform supporters within and beyond the Ministry of Health. Deepening health reforms in core pilot sites, particularly through implementing quality improvement projects, is aimed at generating new evidence, learning from past experiences, and disseminating products to the national level. The development of an oblast-level critical mass of health reformers consists of continuing to establish PHC and health promotion, disseminating ZdravPlus products, and sharing experiences generated by the pilot sites with other regions, sectors, and institutions in Kazakhstan.

Development of health financing issues including public funds allocation and health insurance has been largely implemented through the National Health Finance Working Group and the National MHI Working Groups (WG) to which ZdravPlus has remained a major contributor. Drafts of regulative documents (see the Health Financing Section) as well as the strengthened coalition of national level technical specialists and policy makers from the Ministry of Health, Ministry of Finance, Ministry of Economy and Budget Planning, Ministry of Justice, the Government and other national stakeholders of health reform participating in WGs, are the two major types of product generated through the national working group mechanism.

As part of the strategy, representatives from pilot sites in Karaganda and East Kazakhstan, as well as Almaty City, have continued their participation in national working groups, sharing their experience and perspective. National trainings such as the National Health Finance and Monitoring and Evaluation Workshops for oblast-level participants have provided a forum allowing disseminating the health reform experience to the audience with the potential to create a broad platform for health reform in the future. The iteration and synergies between oblast level pilots and the national level are definitely increasing.

The overall health policy environment over the past six months has remained uncertain with no distinct movements made by the National Ministry of Health in favor of or against health reforms. This could be interpreted as a positive factor, however, signaling a certain stabilization of the health policy. The most recent changes in the national government have not affected the Ministry of Health so far. While the implications of overall changes in the national government for health care policy will have to be closely analyzed and monitored over time, at this point in time this fact could be interpreted as another sign of certain stabilization in the health sector.

In this environment, ZdravPlus has continued to closely monitor the situation in the country, adjusting its strategy as necessary. Based on the overall agreement between the Ministry of Health and ZdravPlus on collaboration (see December 2002 Six Month Report), ZdravPlus has continued providing technical assistance using well-established channels and has carried out a large amount of legal and technical work to turn the developed laws and regulations such as the new Government Decree on State Procurement #138 and supporting documents into practical tools supporting major elements of health reform: single payer, budget consolidation, new provider payment methods, population enrollment, etc.

Broad Health Finance Issues as the Core of the Strategy

National-level broad health finance activities have remained the core of the project's strategy over the past six months. ZdravPlus has continued to work on legal and technical issues focused on pooling funds, provider payment systems, health insurance, and health information systems.

The State Procurement Law (Article 25) has introduced changes reflecting the specifics of health care services and creates conditions for a more efficient implementation of incentive-based provider payment systems. In pursuance of Article 25, the Government has approved the "Regulations on Implementing State Procurement of Health Services Based on Fixed Tariffs" (Decree #138 of February 7, 2003). The Decree regulates pooling of funds at the oblast level and defines major rules of state procurement of health services based on individual consumer choice. These core political and technical issues have been promoted by ZdravPlus for years. In the meantime, a National JWG headed by Vice Minister O. Naimushina has drafted a whole set of documents within the MOH's authority supporting the State Procurement Law 9 (for more detail see Resource Use section).

A state commission (full name: "State Commission on the Issues of Splitting the Authority between Different Levels of State Administration and on Improving Cross-Budget Relationships") established under the Ministry of Economy has addressed pending health administration and budget issues. To date, the commission has drafted changes to the Law on Local State Governance and the Budget Code. In respect to the health care sector, some positive proposals have been moved, namely centralization of the health care system at the oblast level with the liquidation of rayon health departments, and oblast level pooling of funds.

Mandatory Health Insurance (MHI) is expected to be introduced in 2005. Before then, a great deal of work aimed at developing an adequate legal base for the MHI and health providers is planned to be carried out. ZdravPlus has been officially included into the MHI joint working group under the Ministry of Health and is an active participant of the National Inter-sectoral MHI WG tasked with drafting a new MHI law. Within this group, a discussion on the MHI Law drafted by the National Bank has been started recently.

Development of health information systems has remained an important area of ZdravPlus activities throughout the past six months, attracting the attention of the Ministry of Health and National Densaulyk, particularly in Karaganda and EKO pilots. The major activities focused on (i) development of the Modular HIS; (ii) development of the Karaganda integrated HIS; (iii) development and utilization of population databases in pilot sites; (iv) implementation of the Almaty Population Database Project; and (v) provision of informational support for monitoring and evaluation activities and quality improvement pilots. Over the past six months, progress has been made in all these areas.

Relationships and Balance between National and Oblast Levels

ZdravPlus has continued to develop relationships and strike the appropriate balance between national and oblast level activities. Consistent effort has been made to link pilot sites' experience into the national level policy and legal framework. Thus, over the past six months, oblast level experience in open enrollment has been disseminated to the national level and translated into the national open enrollment rules (draft) as part of the regulative documents supporting Government Decree #138 (above). Karaganda's experience in pooling funds has found its reflection in the changes to the Budget Code, drafted by the Ministry of Economy and Budget Planning. Another prime example of developing the national and oblast relationship is HIS and monitoring and evaluation. Thus, the national Monitoring and Evaluation Workshop implemented in the past six months has exposed national level representatives from the Ministry of Health and Ministry of Finance as well as oblast representatives to the Karaganda oblast experience in monitoring and evaluating PHC, arousing much interest. The national Health Finance workshop implemented by ZdravPlus has served as a political barometer reflecting national versus oblast alignment of forces. Oblast level participants have demonstrated a willingness to move ahead with reforms as well as a desire to know more and learn from other experiences (as the post-workshop interviews have demonstrated). The results of the discussions that took place in the course of the workshop have been organized into a Selection of Workshop Materials,

including draft regulative documents, issues moved for discussion and participants' presentations. In summary, in the past six months, ZdravPlus has progressed in strengthening the connection between the core pilot sites, the national level and the broad oblast level.

Building the Oblast Level Foundation for Health Reform

Oblast level support for health reform is an increasingly important element of ZdravPlus' overall strategy, creating a balance between the generally uncertain national environment and the "democratic mass" seeking for change. More voices come from regions outside ZdravPlus pilot sites (Manghystau Oblast, West Kazakhstan Oblast, Almaty City) supporting the reform. Over the last six months, ZdravPlus has continued using the Kazakhstan Association of Family Physicians (KAFF) as a mechanism to stimulate and implement oblast level health reform activities. KAFF has continued developing institutionally; in March the KAFF Grant Workplan Presentation took place with the entire team ready to move forward as soon as the grant is in place. The 1,187 member-strong Association has been approved for Full Membership in WONCA. As a full member of WONCA, KAFF will belong to the WONCA European Region until there is a sufficiently large number of such organizations in the newly independent states of Central Asia to form a new Region of WONCA. In the meantime, the KAFF branch in Aktobe has been awarded a Healthy Communities grant to run a school for chronic patients. Another important element of the strategy is the development of health NGOs encouraged through the Healthy Communities Grants Program. Over the past six months, 12 grants have been awarded to health NGOs to support innovative public health projects. This strategy contributes to institutionalizing the reform, sustainable development, and strengthening an NGO and building civil society.

Key Product Development and Implementation

Given the national health policy uncertainty, the hallmark of Kazakhstan health reform, as well as the complicated character of national and oblast relationships, key product development and implementation remain important elements of Kazakhstan's overall strategy. The focus on products provides certain flexibility and creates space for maneuvering in a generally uncertain environment. Thus, in pursuance of the strategy, quality improvement and HIS projects such as the Keeping Children Healthy Campaign (national), Family Planning Public Awareness Campaign (Zhezkazgan), IMCI (Karaganda Oblast, EKO, Almaty Oblast), Family Medicine Residency, Drug Information Center's rapid development and networking (Karaganda, Almaty, Astana, CIS virtual network), Safe Motherhood (Zhezkazgan, Satpaev and Karaganda), monitoring and evaluation (Karaganda, East Kazakhstan), the modular health information system (HIS) (Karaganda, Zhezkazgan), and the Almaty City HIS Project have all been moving ahead.

Pilot Sites

ZdravPlus core pilot sites have continued to serve as models disseminating the generated experience to the national level through a variety of mechanisms including policy dialogue, advocacy, and monitoring and evaluation. The Karaganda Oblast is the best example of such a connection between the core pilot site and the national level, supporting the "iterative spiral" of reform. Over the past six months, ZdravPlus core pilot sites in Zhezkazgan, Karaganda, Semipalatinsk and East Kazakhstan, have continued receiving extensive technical assistance with increasing reliance on local support.

Zhezkazgan City

Zhezkazgan has been moving ahead, consistently implementing health reform supported by the City Akim and Health Department. Progress has been made in the major health reform program areas: Population Involvement, Quality Development, HIS, and Health Policy. Thus, Zhezkazgan has implemented the KCH and Family Planning campaigns, has continued implementing the Safe Motherhood project, and is preparing the groundwork for its rollout to the Karaganda Oblast as the next step; the Modular HIS test has been successfully completed, resources for its rollout and the next steps have been identified, while the generated software products have been applied to the Karaganda Integrated HIS. The Association of Family Group Practices, supported by ZdravPlus, has continued advocating for health reform and maintaining policy dialogue with local authorities.

Karaganda Oblast

Karaganda Oblast, strongly supported by ZdravPlus, has continued to be a political leader of health reform in the country, disseminating its experience to the Ministry of Health and beyond. Dr. Yermekbaev (Head, OHD) and the Karaganda technical team have become one of the major technical resources for national working groups. Karaganda's experience in health financing and pooling funds, HIS development, monitoring and evaluation, and enrollment have been disseminated to the national level, setting an example of very important and productive feedback. The Karaganda Drug Information Center is another example of success. Over the past six months, it has expanded its activities, demonstrating initiative and resourcefulness. While more details are given in the Quality section, a series of recent trainings for high school children on using pharmaceuticals is worth mentioning as an excellent example of innovative approaches.

Semipalatinsk and East Kazakhstan Oblast

ZdravPlus has continued activities in Semipalatinsk and East Kazakhstan, focusing on (i) population involvement; (ii) implementation of the PHC monitoring and evaluation project; (iii) HIS development; and (iv) support of the Semipalatinsk FGPA. Thus, Semipalatinsk has successfully implemented a Keeping Children Healthy campaign (ARI), and is preparing for the summer Diarrhea campaign. The JWG recent workshop including all parties involved in the PHC monitoring and evaluation project (CHD, FGPA, FGPs, and Information Medical Center), have summarized the results of the first year of the project and discussed its rollout to the entire EKO as the next stage. In the area of HIS development, ZdravPlus continued supporting the EKO Medical Information Center in maintaining the population database, inpatient database development to support new provider payment methods, and the monitoring and evaluation function to support the PHC monitoring and evaluation project. Semipalatinsk FGPA, supported by ZdravPlus, has continued advocacy for family practice.

Almaty City

The Almaty City Health Department shows a keen interest in collaboration with ZP in developing PHC in the city. The areas of collaboration officially agreed upon are: the development of the health information system, capitated payment, and open enrollment. Additionally, ZdravPlus, through the grant program, supports the Almaty Branch of Kazakhstan Family Physicians Association, planning a whole range of activities with the CHD, namely 1) Almaty City FGPs' and mixed polyclinics' physicians training; (2) possible continuous quality improvement (CQI) projects in Almaty PHC facilities; (3) EBM protocols implementation; (4) interpersonal communications skills training; and (5) palliative care projects (with Soros Fund). Over the past six months, the HIS project has continued to be implemented according to the approved plan. To date, all preliminary work has been completed, the required computer equipment procured, and the open enrollment process for the selected pilot facilities has commenced.

Almaty Oblast

During the last six months, ZdravPlus has focused its technical assistance in Almaty Oblast on two major areas: health promotion and IMCI training. The Keeping Children Healthy Campaign (ARI) was successfully implemented in winter while the Diarrhea campaign is being prepared. ZdravPlus is also contributing to the traditional summer health promotion event titled, "Road to Health National Tour" across Almaty Oblast, supported by the Almaty OHD.

Pavlodar Oblast

ZdravPlus continues monitoring the situation in the Pavlodar Oblast. The recent appointment of A. Akhmetov (ex-governor of Pavlodar Oblast) as a Prime Minister, has brought about political changes in the oblast respectively. Mr. Nurpeisov (the former City Akim and Vice Minister of Finance before Tasmagambetov's administration), a mathematician and economist by background, has been appointed Oblast Akim. The Head of the OHD (Tagangapov) has remained.

Atyrau Oblast

Over the past six months, ZdravPlus has provided limited support to the oblast to maintain the HIS. The HIS developed there through the HIS project (implemented by ZdravPlus within the private-public initiative) supports new provider payment systems.

West Kazakhstan

West Kazakhstan, showing interest in health reform and requesting ZdravPlus to provide technical assistance, particularly in the area of HIS development, is viewed upon by ZdravPlus as a “prospective” site. Possibilities of collaboration are considered.

SUMMARY OF IR ACTIVITIES

Population Involvement

Over the past six months, ZdravPlus has continued population involvement activities aimed at increasing the population’s awareness of their personal rights, and empowering them with the information to assume their respective responsibilities, advocate for their own needs, and negotiate the required changes in the system.

National Keeping Children Healthy Campaign

The Kazakhstan Health Communication Team (HCT) has completed the KCH (ARI) campaign and is in the process of preparing for the summer KCH campaign focused on diarrhea. The overall strategy consists of building on past successes of earlier campaigns through deepening and expanding information provided by the KAP findings. A significant element of the implementation strategy is broader involvement of local partners such as FGPs, NGOs and the Center for Healthy Lifestyles. Given the increased local capacities (ZdravPlus-trained local coordinators), the HCT has spent less time actually managing campaigns in the oblasts, focusing its energies instead on the design of campaigns, production of materials, and providing a link between experienced partners in the field and new players. Such an approach allows the promotion of institutionalization and enhances the sustainability of the HCT’s work by placing greater reliance on partners in the oblasts to implement their own campaigns

ARI Campaign

In mid January, the KCH campaign was successfully completed in Ust-Kamenogorsk, Semipalatinsk, Karaganda, Zhezkazgan and Almaty Oblast. In the course of the campaign, ZdravPlus-printed materials were distributed, video-films broadcast, and newspaper articles on ARI issues published. Semeinaia vrachebnii ambulatoria (SVA) and nurses took active part in a specially designed nurses contest. Notably, the campaign was organized and implemented by local coordinators trained by ZdravPlus, while ZdravPlus’ technical assistance was minimal.

- *Semipalatinsk*: 19 SVAs were involved in the campaign and over 80 nurses took part in the competition distributing brochures, posters to families with children under five, lecturing in kindergartens, and organizing mothers and care-givers groups. Seven local newspapers covered the campaign’s events and published articles on ARI; five local TV channels broadcast short ZdravPlus video films, interviews, and family doctors’ recommendations.
- *Karaganda*: 15 SVAs and 35 nurses participated in the campaign. The city’s mass media were very active in covering the campaign.
- *Zhezkazgan*: 7 SVAs and 46 nurses participated in the campaign; over 11,300 talks with mothers and care givers were conducted and 492 caretakers groups were organized.
- *Ust-Kamenogorsk*: (one-month campaign) 14 SVAs took part in the campaign and family doctors organized their own competition. Eight local newspapers and three TV channels covered the campaign. Broadcasting stations aired ZdravPlus’ audio-plays. In the course of the campaign, family doctors spoke daily from 07.30 to 20.30 in Russian and Kazakh on ARI topics. Several live phone-in interviews were organized with family doctors who answered a large number of questions. Forty-nine physicians took the floor on 17 TV programs throughout the four weeks.
- *Almaty Oblast*: ZdravPlus provided Almaty Oblast (Tekeli, Shemolgan, Kaskelen and Karasay rayons) with ARI printed materials. Twenty-one nurses from Tekeli and 12 doctors from Karasay took active part in the KCH campaign organized there.

National Diarrhea Campaign

The preparations for the KCH campaign in Karaganda, Zhezkazgan, Semipalatinsk and Ust-Kamenogorsk to be held in mid-July are underway. The key topics, messages, and printed materials have been decided upon. Breastfeeding, as a preventative measure, will be emphasized in the course of the summer diarrhea campaign and the respective formats of a new brochure, posters and videos in both Russian and Kazakh are being developed.

Antibiotics Reducing Campaign in Karaganda

Another public awareness campaign on reducing the use of antibiotics is in the process of preparation. The campaign aims at health professionals and patients as target audiences. The current plan is to use the Karaganda Drug Information Centre as a resource.

Family Planning Campaign

From May 15 to June 15, ZdravPlus, in collaboration with local counterparts, implemented a Family Planning Campaign in Zhezkazgan. Within two months, the campaign went through the identification of its key messages and was crowned by a public event on National Health Workers Day (June 15). Objectives, key messages and target audience were identified based on the KAP and DHS data. Along with promoting family planning, the campaign aimed at advertising FGPs providing family planning services by trained family doctors. Three videos, 35,000 brochures, and radio-spots in Russian and Kazakh were developed by the ZdravPlus Health Communication Team, approved by counterparts and distributed to the cities. The City Akimat, FGP obstetricians, and the FGP Association took active part in the campaign.

IPC Rollout Training

Interpersonal communication skills training has been the second area of emphasis over the last six months. The aim of such training is strengthening the interpersonal communication skills of PHC workers so that they can more effectively convey health messages to their patients. This is particularly important with the new expanded responsibilities assumed by PHC practitioners (like family planning, reproductive health, etc). In implementing the IPC training strategy in Kazakhstan, the HCT has relied on a team of IPC trainers who were previously trained by ZdravPlus. ZdravPlus's role has consisted of supervising the trainings and providing technical assistance as needed. According to the IPC rollout training plan, the first round of such trainings has been completed in all pilot sites. Trainings included:

- Two-days of training in Semipalatinsk in February; 20 GPs took part. The average training pre-test score was 33 percent and the average post-test score was 95 percent.
- Two-days of training in Zhezkazgan; 18 GPs and head nurses took part. The average pre-test score was 61 percent and the average post-test score was 92 percent.
- Two-days of training in Karaganda; 17 GPs and healthy lifestyles staff were trained. The average pre-test score was 40 percent and the average post-test score was 97 percent.
- Two-days of training in Ust-Kamenogorsk in March; 20 GPs took part. The average pre-test score was 45 percent and the average post-test score was 97 percent.

In addition, ZdravPlus held several meetings with the National Healthy Lifestyles Center (NHLC) on IPC training rollout in Almaty Oblast. ZdravPlus, NHLC, KAFP (Almaty branch) and Almaty City Health Department agreed to jointly organize the process. In the past six months, the ZdravPlus-trained IPC trainers from the National Healthy Lifestyles Center organized their first independent roll-out training for health providers in Almaty. Another IPC training for obstetricians in Almaty City is scheduled for June 20-21.

Anti-tobacco Study Tour to the US

The Health Communication Team (HCT) has contributed to the organization of an anti-tobacco and anti-alcohol study tour to the US funded by AED. ZdravPlus reviewed bidding proposals for the study tour and along with AED and USAID representatives, participated in a selection committee

interviewing potential tour participants. As a result, one representative of the Almaty Center for Healthy Lifestyles and three representatives from NGOs in Kazakhstan have been selected.

KAP Survey

The final report on KAP-2001 and KAP-2002 has been completed. The results of the KAP survey are being used for implementing further activities in the area of population education on selected health issues. For instance, promotion materials for the family planning campaign, currently underway in Zhezkazgan, have been designed based on the findings of the survey. As an illustration, the data on the percentage of respondents reporting that a child should be given more liquid and the usual amount of food in case of CDD, are summarized in the table below:

	Zhezkazgan/Satpaev (mature)	Karaganda (intermediate)	Uralsk (prospective)
2001	22.5%	13.6%	20.7%
2002	36%	32%	37%

As one can see, the percent of population informed on the specific health subject has increased significantly.

Enrollment

ZdravPlus has a solid track record of experience with population enrollment in eight cities for over four years. It is felt now that the time has come to summarize the results and move to a new strategy adapted to new circumstances. At the start-up of reforms in Kazakhstan, the enrollment process was seen as a “change agent of reform” promoting the development of PHC and establishment of the population’s new rights. At this stage of reform, the enrollment process is to a large extent driven by financial reforms, entrenched in the provider payment systems and the development of HISs. In practical terms, this means that the era of classical “spectacular” enrollment campaigns in Kazakhstan is giving way to a more routine procedure of open registration of population in health facilities, where the population clearly knows the rules and their rights. The results of the process are then fed into the provider payment system. The open registration process underway in Almaty City within the Almaty HIS project is an example of such enrollment (see the HIS section of the report).

The objectives of the HCT have been changing respectively. In the past six months, the major efforts of the HCT have been focused on summarizing the accumulated enrollment experience in a manual on population enrollment that can guide future efforts and, hopefully, will be an important legacy of the ZdravPlus project. The first draft of this manual has been prepared and sent off to Uzbekistan ZdravPlus specialists as part of the information and experience exchange process. In the meantime, the draft manual is being reviewed by local counterparts in Karaganda and Zhezkazgan who have significant experience in enrollment. After the final revision of the draft, the document will be ready for dissemination. At the same time, consistent work was being done at the national level to develop a legal base for enrollment (see the Health Policy section of the report).

ZdravPlus Healthy Communities Grant Program

The official launch of the Healthy Communities Grant Program (HCGP) took place at a press conference held at the National Press Club in January, 2003. After the launch of the program, the KZ HCGP received a large number of requests from various parts of the country for Counterpart training. Following the training, applications were received and reviewed. In early May, the first Grant Review Committee made up of representatives from USAID, Counterpart, ZP, Soros and other international organizations with expertise on NGOs was held. The Grant Review Committee (GRC) approved 12 out of 109 projects submitted including seven Health Projects and five Community Action Projects.

In May, the HCGP first-round grantees, whose projects had been approved, received funding and the second round was launched. A press conference on the results of the first grant program was conducted at the Kazakhstan Press Club in Almaty. Mr. Daniel Russell, Embassy Deputy Chief of Mission, awarded 12 grants to support innovative public health projects as part of the Healthy Communities Grant Program.

On June 5, 2003 the HCGP second round was closed. Eighty-eight projects (51 health and 37 community action grants) were submitted to the second round and pre-screened by ZdravPlus and Counterpart.

One of the reasons why the HCGP is unique is because of ZdravPlus's commitment to providing technical assistance (TA) as needed to grantees. The ZdravPlus Health Communications Team (HCT) plays a central role in providing TA. Since April, Irina Yuzkaeva, the Community Coordinator for the program, has organized a number of meetings with 12 grantees where the needs for TA have been assessed, a TA plan developed, and a substantial amount of health information materials (developed by ZdravPlus and other donors) is provided. In June, site visits were made to East Kazakhstan to consult with rural grantees on brochure development and negotiate with health providers on clinical training.

Partnership with Other Organizations

The HCT has continued collaborating with its major strategic partner in Kazakhstan – the National Centre for Healthy Lifestyles. The summary of ZdravPlus and Healthy Lifestyles joint activities are below:

- HCT participated in a roundtable on nutrition and two press conferences on TB and flu organized by the Healthy Lifestyles Center.
- On April 7 (World Health Day), the ZdravPlus Health Communication Team (HCT) provided technical and limited financial assistance to the National Healthy Lifestyles Center in organizing a health promotion show for high school children. In the course of the event, ZdravPlus presented its two videos on KCH and Family Planning and distributed printed materials. This is the third year that ZdravPlus has contributed to World Health Day celebrations in Kazakhstan.
- On May 15, in the course of the World Family Day celebrations in Almaty Oblast, the HCT, jointly with the Healthy Lifestyles Center, organized a presentation of new FP information materials.
- On May 20, through the joint efforts of the National Healthy Lifestyles Center and the ZdravPlus HCT, a training event on alcohol and tobacco issues for trainee journalists was held. The training is part of a broader anti-tobacco and alcohol abuse program directed at local journalists which is being run by the National Center for Healthy Lifestyles. ZdravPlus plans to continue supporting such events in the future.

The HCT worked jointly with UNICEF on developing an information campaign on Better Parenting to be implemented in Kyzyl-Orda and East-Kazakhstan Oblasts and took part in the AIHA-organized workshop on “Community Involvement in Health Care.”

Quality Improvement

Quality improvement activities continued to build a foundation for family medicine in anticipation of a time when there will be more political support for the concept. The Kazakhstan Association of Family Physicians (KAFP), which is expected to become the main vehicle for promoting family medicine in Kazakhstan in the future, was unable to embark on its formal agenda, due to delays in finalizing the grant and transmitting funds. However, it accomplished some organizational work and a number of other activities that could be conducted without funding.

ZdravPlus has continued to be a major player in the implementation of IMCI and, in addition to training providers on IMCI, it has played an active role in efforts to develop a Community IMCI program for Kazakhstan that will rely on patronage nurses to educate community members on child health issues. The Safe Motherhood program is now well-established in Zhezkazgan and work is beginning to formally assess its success. The Businesswomen's Association of Kazakhstan continues to bring tremendous energy and enthusiasm to the Red Apple hotline, which is about to expand to a new site, despite the decreasing grant funds available from ZdravPlus.

Progress on EBM remains slow, but it is hoped that a new strategy of involving medical leadership will help win approval for specific clinical practice guidelines, while also building support for EBM more broadly. Evidence-based use of pharmaceuticals is already coming to be widely accepted, with many parties turning to the Karaganda Drug Information Center for information about rational use of pharmaceuticals. A key development in the last six months was the establishment of the Eurasia DIC Network, linking DICs in Central Asia, Russia and Eastern Europe.

The use of modern quality improvement techniques is expanding from Zhezkazgan, where CQI on family planning is already well established, to Karaganda City. Focus topics are IMCI and family planning, supporting two PHC topics that are high on ZdravPlus' agenda. In Zhezkazgan, a multi-level quality improvement team injected considerable effort into the implementation of a dynamic family planning training and public education program. In Karaganda City, meanwhile, ZdravPlus provided the basic training to help SVAs understand the concept of quality improvement and after that, they will learn CQI skills that they can begin to put into practice.

Family Medicine

Over the past six months, a substantial effort has been made to enhance family medicine education in Kazakhstan, with a focus on family medicine national residency development and family medicine training of trainers (TOT).

ZdravPlus has continued to implement residency training jointly with DFID/British Council. A new two-year family medicine residency course started in December 2002 at the Almaty Post Graduate Institute (PGI) and at four medical schools. ZdravPlus is financing four residency students to participate: two from Pavlodar, one from Karaganda Medical School and one from Almaty. The MOH is also paying for two participants from Zhezkazgan.

ZdravPlus and DFID also joined hands in the development of a family medicine residency curriculum, an important step to institutionalization of family medicine training in Kazakhstan. In January, ZdravPlus and DFID/British Council conducted a workshop, held at the National School of Public Health, with twenty participants from all of Kazakhstan's medical academies' family medicine faculties. ZdravPlus facilitated the workshop, while representatives from Kyrgyzstan (Kyrgyz PGI and Medical school) and Kazakhstan medical schools shared their experience in developing family medicine residency. The output of the workshop was a plan to develop a curriculum, with tasks assigned to each participant.

ZdravPlus also continued to train family medicine trainers in collaboration with DFID. ZdravPlus is supporting three trainers from Karaganda to attend the DFID course until the end of June, 2003. It is hoped that these trainers will significantly increase their skills and will contribute to strengthening the FMTC in Karaganda where they will serve as trainers upon completion of the TOT course.

Work is just starting in Kazakhstan on the development of an accreditation system for family medicine training centers and trainers. Initial steps are under way to assess the situation in the country and prepare a regulatory base. Clinical Director Damila Nugmanova participated in two workshops held by DFID/British Council devoted to accreditation of family medicine training centers and family medicine trainers respectively. ZdravPlus disseminated a set of legal documents on FMTC developed with ZdravPlus technical assistance. Participants in the workshops included representatives of the MOH, two rectors and heads of family medicine faculties from medical schools across the country. As part of the workshop on FM training centers, the participants made assessment visits to the Akmola Medical

School's FMTC and to the so-called "social medicine model" training center (Roza Abzalova). As a result, the participants have developed requirements for FMTCs and FM trainers.

ZdravPlus also collaborated with DFID in a public relations campaign on PHC/FM. Main events were a national press conference for journalists representing several TV channels, and a public discussion with DFID PHC Project Director Rifat Atun and the director of the British Council.

Kazakhstan Association of Family Physicians (KAFP)

KAFP is expected to become the backbone of the family medicine movement in Kazakhstan. However, the award of the KAFP grant has taken longer than expected, so KAFP has been unable to tackle its planned work program. However, it has been working on organizational development and NGO development in anticipation of receipt of the grant and the team is poised to move forward quickly as soon as the grant is in place.

KAFP has been awarded full membership of WONCA (World Organization of Family Doctors), by decision of its executive meeting held in Galway, Ireland in April. WONCA membership opens new opportunities for the Kazakhstan association as a member of the international community. KAFP will belong to the WONCA European Region until there are sufficient WONCA members in Central Asia to form a new region. KAFP has been intensively involved, together with the FGPA in Kyrgyzstan, in preparation for the WONCA conference planned to be held in Almaty and Bishkek in November. A draft program and budget have been developed, venues reserved, and requests for funding made. KAFP has also started translating the WONCA guidebook, "Improving Health Systems: the Contribution of Family Medicine," into Russian, in anticipation of discussions on the guidebook and its implementation at the conference.

Other KAFP activities include the following:

- KAFP and ZdravPlus distributed a CD with PHC CPGs to all KAFP branches in the country. Australian GP, Catherine Pratten, presented the CD as a gift from the Australian College of General Practitioners.
- Peace Corps Volunteer Rebecca Triche started work on organizing the KAFP database on family group practices in Kazakhstan.
- KAFP and PGI Faculty hosted US State Department and USAID visitors discussing broad PHC reform issues. There was a meeting with USAID Projects (CDC, HOPE, AIHA, Counterpart Consortium) and KAFP/faculty.
- In March, KAFP met with UNICEF, Center for Healthy Life Styles, and the Association of Young Leaders to discuss where teenagers can go for advice on HIV/AIDS. After visiting a number of facilities, the UNICEF representative (Ms. Homans) concluded that "only FGPs are potentially good places to help adolescents with health problems."
- KAFP has begun to prepare a grant proposal on organizing a roundtable on palliative care, aimed at increasing public awareness of the problems of dying people and their families.
- KAFP helped the aspiring Uzbek GP association with advice on how to organize an association and set up an NGO.
- The Astana KAFP collaborated with AIHA in the organization of the Community Mobilization Conference and several KAFP branches were represented. All the participants visited Rosa Abzalova's FGP "Demeu."

IMCI

ZdravPlus continuously supported IMCI training in the past six months, as well as follow-up provided by trainers from the National IMCI Center and experienced IMCI trainers in the field. Six training courses were conducted in pilot sites for 121 participants. There were two courses in Taldy-Korgan, Almaty Oblast; two in Bukhar Zhyrau rayon, Karaganda Oblast; one in Zhezkazgan/Satpaev; and one in Ust-Kamenogorsk.

ZdravPlus is placing major emphasis on follow-up visits to trained health providers at their work sites to help them implement the IMCI strategy correctly and address any difficulties they may be experiencing. Each pilot rayon—Panfilovsky, Tekeli and Aksu, in Almaty Oblast, and Tarbagatai in East Kazakhstan, were visited at least once and providers in Zhezkazgan (Karaganda oblast) received two visits. One hundred twenty three providers out of 139 trainees (89 percent) received follow-up visits. These visits are undertaken by staff from the National IMCI Center and by seven IMCI trainers in the field who received special training. The follow-up techniques recommended by WHO call for use of standard check-lists to collect information on providers' performance and facility support for IMCI. ZdravPlus and the National IMCI Center are currently discussing the creation of a monitoring system to link PHC-level performance data with outcome indicators for Densaulyk.

As one of the main supporters of IMCI in Kazakhstan, ZdravPlus was invited to participate in a meeting organized by the WHO Liaison Office in January to refine the work-planning process. UNICEF and the National IMCI Center were the other key participants. The issues of quality control and indicators for monitoring IMCI implementation emerged as the top priorities during the meeting.

Work has been underway to develop a manual for Community IMCI and in June, ZdravPlus joined with WHO, the National IMCI Center, Healthy Lifestyles and the Republican Medical College to test the first draft of the manual. Designed for PHC nurses, the manual is entitled "Management of Infant and Child: Home Care for the Healthy and the Sick Child, Nutrition and Development." After revision, the draft will be presented to the MOH for approval.

Reproductive Health

Reproductive health (RH) activities suffered a set-back after the departure of Dana Sharman, Reproductive Health Specialist, until Dr. Roza Adilbekova was recruited for the position in March. Dr. Sharman continues to provide part-time assistance as a consultant.

Nevertheless, throughout the six-month period, ZdravPlus supported the Safe Motherhood pilot project in Zhezkazgan/Satpaev. Dr. Mariam Baimisheva from the National MCH Center, who was trained by WHO on follow-up, conducted monitoring visits in May to the maternity hospitals in Zhezkazgan and Satpaev and to the SVAs to assess and support the introduction of the new approaches to prenatal, delivery and postpartum care. Dr. Baimisheva noted that each woman had a separate room for delivery and recovery; that women often had partners present for the delivery; that exclusive breastfeeding was being practiced and that the maternity hospitals reported financial savings due to reduced use of disinfectants and laboratory reagents as well as reduced use of pharmaceuticals.

Work began on evaluation of the pilot, with efforts to collect data from the maternity hospitals and SVAs and the fielding of the endline client satisfaction survey by Sange research agency.

ZdravPlus also received items of equipment for the maternity houses—pulseoxymeters and vacuum extractors—and sent these out to the field. Training in how to use the equipment was also provided.

The project provided six five-day family planning training courses for 119 health workers in the framework of the Continuous Quality Improvement (CQI) project started in Zhezkazgan in 2001. Participants were gynecologists, family physicians, midwives and nurses from all the SVAs in Zhezkazgan/Satpaev. The courses were taught by a team of experienced trainers who also work for KMPA and newly-trained trainers from the Karaganda Medical School/Ob-Gyn faculty. Average pre-test scores were very high at 80.5 percent, but they increased to 94.5 percent by the end of the courses.

ZdravPlus also continued its support of the dynamic Businesswomen's Association of Kazakhstan (BWAK) for implementation of the Red Apple hotline. After the analysis of calls received in six cities, there has been a marked increase in public interest in the hotline's services. Topics of particular interest were oral contraceptives, emergency contraception, STIs and pregnancy. ZdravPlus believes the quality of services has improved as a result of training provided by the technical director Dr. Galina Grebennikova for hotline operators on counseling skills.

There were several accounts of the hotline's success. In Semipalatinsk, hotline staff reported a downward trend in abortion rates among adolescents, which they attribute, at least in part, to their efforts. And in Karaganda City, the chief STI specialist said that the number of men coming voluntarily—and early—to PHC facilities with STI symptoms has increased significantly and he believes the hotline played a major role in this change.

BWAK continued expanding the hotline. The head of the organization concluded successful discussions leading to the opening of a hotline service in the city of Uralsk. The city has committed to pay the operators' salaries, telephone bills and the rent. BWAK staff says that there is a growing demand among the general public for hotline services in other cities of Kazakhstan.

Rational Pharmaceutical Management and DIC/Karaganda

In the last six months, the Karaganda Drug Information Center (DIC) continued to provide evidence-based information about pharmaceuticals, relying on international sources of information such as PubMed journal. April was a fairly typical month for the DIC. It responded to 87 inquiries: 77 percent from patients; 15 percent from sellers of pharmaceuticals and 8 percent from health care providers. The inquiries were mostly related to pharmaceutical equivalents and pharmacological descriptions. Each month, the DIC develops and distributes 1,500 copies of its newsletter on different pharmaceutical topics. The most recent issue was devoted to diagnosis and treatment of SARS.

The DIC also provided technical assistance to various parties. It helped the Oblast administration with the development of a drug policy and, in February, organized a seminar on Oblast Drug Policy Implementation, attended by the OHD, Karaganda Medical Academy, and ZdravPlus. It provided advice to chief specialists in rayon health departments and to Densaulik on rational pharmaceutical use. It also helped the National Center for Drug Expertise to prepare tender documents for a drug side effects project. In addition, in February, the DIC hosted counterparts from Uzbekistan and Tajikistan who visited Kazakhstan to learn about DIC operations and to establish collaborative links.

The center is active in public education. In April, it conducted two innovative "Children and Drugs" workshops that were warmly received by young people and received wide coverage in the mass media. In April and May, three one-day seminars were organized for 90 school students from 15 schools in Karaganda. The seminar agenda was based on a prior survey of the teenagers, which showed their special interests in contraception, food supplementation, analgesics and drug side effects. The post-seminar assessment showed that 81 of the young people thought the seminar was very useful and timely.

As part of its effort to diversify its funding, the DIC applied for and won a grant from the Healthy Communities Grant Program. It plans to help establish pharmacy/therapeutic committees and has already conducted a training course and educational workshop for regional pharmacy/therapeutic committees in Karaganda Oblast.

As noted in the regional section of the report, the Eurasia DIC Network was established and met in Almaty. This network will serve as a forum to share information between the DICs in Central Asia, Russia and Eastern Europe. The Karaganda DIC compiled the first newsletter for the network.

The DIC, ZdravPlus' pharmacy specialist, the National Pharmacology Committee, and the European GMP Standards Pharmaceutical Companies Group have been collaborating for many months on the development of a landmark booklet on generics called, "What Do We Know About Generics?" The booklet was prepared in time to distribute at the conference organized by the Czech company Lek on the use of antibacterial pharmaceuticals in primary health care. It is intended to provide unbiased information about generics for a variety of audiences.

ZdravPlus participated in the official opening of the National Center for Drug Expertise, which has taken the place of the Dari Darmek agency. The center was established to serve a range of functions, including drug registration, drug quality control, certification and licensing. It also has a juridical department authorized to provide consulting to the MOH. ZdravPlus provides technical assistance to the Drug Information and Marketing Center within the National Center and provided it with computers.

At USAID's request, ZdravPlus staff participated in a TB drug quality study that is expected to shed some light on TB drug resistance. The pharmacy specialist accompanied a USP representative to Ust-Kamenogorsk to collect samples of TB drugs from oblast TB dispensaries. These will be taken to the US for testing. Similar testing was conducted in two drug laboratories in Almaty.

EBM and Clinical Practice Guidelines

Over the past six months, ZdravPlus has continued developing evidence-based clinical practice guidelines (CPGs) through the Almaty EBM Center, the Karaganda Drug Information Center, and the Kazakh National Research Institutes. The Karaganda Drug Information Center and ZdravPlus methodologists drafted six CPGs. The validation process, however, requires that national experts get a consensus. This process has come to a halt for the moment because the original committee is no longer operational. ZdravPlus is addressing this problem with the MOH. Project staff have continued working on a draft pre-eclampsia CPG with the Almaty City Health Department and anticipate discussing it with the National MCH Center. The arterial hypertension CPG draft prepared by Karaganda DIC has been submitted to the director of the Cardiology and Internal Medicine Research Center for consideration and the guideline is under discussion. Project staff hopes that closer collaboration with medical leadership in the development of guidelines will facilitate their adoption.

ZdravPlus conducted or participated in a number of EBM workshops and meetings geared to health policymakers, educators and professionals. At the workshops, key medical literature, materials on EBM and clinical guideline development were presented. The events of the past period are summarized below:

- ZdravPlus and DFID/British Council provided a joint 4-day intensive EBM course on May 5-8 for participants from around Central Asia. This activity is described in more detail in the regional section of this report. It is worth noting, however, that after working hand-in-hand with international trainers for the past two years, this year the course was conducted entirely by PGI trainers, the ZdravPlus Clinical Director and ZdravPlus methodologists, although a DFID-sponsored trainer from England came for the final day.
- The ZdravPlus Clinical Director and ZdravPlus-trained methodologists provided an EBM course for 16 residency students from the School of Public Health. Additionally, an EBM lecture was delivered for the National School of Public Health within the Health Management training course.
- Two EBM presentations were made for an audience of 150 physicians from the Presidential Hospital and for a 120-participant-strong pediatric conference in Almaty.

ZdravPlus' EBM methodologists continued their work with KAFP members, trainers from the Almaty Medical University, Postgraduate Institute, the National School of Public Health, family medicine residency students, and physicians from polyclinics and hospitals to provide them with evidence-based clinical information. As an example of this work, the methodologists responded to a request from the MOH's Department of Research and Education for a review of the safety and effectiveness of two drugs (Botox and Disport). One of the methodologists traveled to Tashkent to provide EBM training and technical assistance to five future EBM specialists at the new Uzbek EBM Center.

Quality Improvement Activities

- Quality improvement activities geared up during the past six months. ZdravPlus started by orienting the head of Karaganda Oblast Health Department and providing a half-day seminar

for 60 senior staff, including both providers and managers. Afterwards, a small group of staff indicated their interest in using QI methods and decided to work on two topics at two ZdravPlus pilot sites. The first is improving child health through the implementation of IMCI in Maikuduk micro-rayon in Karaganda City. The second is improving the quality of family planning (FP) services in Zhezkazgan using the experience gained by SVAs in Zhezkazgan with the CQI on RH services.

- ZdravPlus hired Dr. Nadezhda Khe, already a part-time staff member on the Karaganda performance monitoring system, to provide technical assistance to the QI projects. She conducted a series of meetings for PHC workers in Maikuduk and Yugovostok districts in Karaganda City to inform them on selected QI topics and gain their commitment. For its part, the Health Department started data collection to provide background information to define the improvement objectives and standards.
- At the end of June, the ZdravPlus QI team, in collaboration with the Karakol (Kyrgyzstan) Family Medicine Training Center, organized a six-day CQI training for the pilot SVAs in Maikuduk and Yugovostok to give them the basic concepts of CQI and the skills to start it at their facilities.

The Zhezkazgan FGPs met in January to review progress on family planning QI and agreed to establish a multilevel Quality Team to involve top health management in problem solving, alongside health providers. The team of about 20 people includes the head of Zhezkazgan Health Administration, chief oblast specialists, senior physicians of pilot SVAs, representatives of the Association of Family Physicians of Zhezkazgan (AFPZ) and others. At their initial meeting, the team decided to work on improving providers' skills on family planning and educating the population on the subject. The working group developed a six-month Action Plan calling for six FP training courses for PHC providers. ZdravPlus followed through and provided this training (see RH section).

To step up their educational activities, each SVA in Zhezkazgan city set up its FP room with brochures, visual aids, contraceptive samples, etc. to help educate the population and each room is now staffed with a midwife or physician trained in FP who can counsel people. SVAs are keeping track of the number of clients counseled so that they have a measure of the success of their efforts.

On June 15, a widely celebrated holiday for health workers, ZdravPlus supported the AFPZ and the city administration by arranging a one-day city festival under the motto of "Building a Healthy Family." The festival attracted a big and enthusiastic audience. It included a live drama on family planning put on by the local theater and promoted birth spacing, giving birth to wanted children, and avoiding unintended teenage pregnancies. The festival also featured sports competitions for families and a concert presented by families.

To assess the results of the Family Planning campaign, the AFPZ developed and (through its members) fielded a short survey before the campaign and it plans to do an endline survey in July. The questionnaire was administered to 194 young men and women (ages 15-30) and sought to assess their understanding of FP issues.

Improving Resource Use

Health Finance Policy

In the past six months, ZdravPlus has pursued two approaches in developing health finance policy: focused work at the national level aimed at further development of a regulative and legal base for health finance reforms in the country, and broad work at the oblast level aimed at creating a well-informed demand and preparedness for successful implementation of such reforms in the country. Synergies have been created between the two, moving both forward.

Technically, ZdravPlus has concentrated its efforts on the following issues: budget funds allocation including a single payer system, vertical and horizontal pooling of funds, provider payment systems, and health insurance which remains on the government's agenda.

The National Health Finance Joint Working Group (NHFJWG) with national and pilot oblast level representatives strongly supported by ZdravPlus, National Health Insurance JWG's, national and oblast level workshops, trainings on health finance, and active involvement in the World Bank Missions have been the major tools of the implementation strategy.

Budget Funds

National Level

The efficient planning and allocation of budget funds currently covering 100% of public health resources remain priority political and technical issues addressed by MOH, MOF, Government and other national level stakeholders. Thus, Government Decree #138 issued in pursuance of Article 25 of the amended State Procurement Law of the Government (of February 7, 2003), regulates pooling of funds at the oblast level and defines major rules of state procurement of health services based on individual consumer choice.

The Government decree is supported by the Ministry of Economy which, through its Budget Commission (established in March 2003), has drafted changes to the Law on Local State Governance and the Budget Code. The changes include proposals on centralization of the health care system at the oblast level with the liquidation of rayon health departments and oblast level pooling of funds. The developed proposals have been considered and approved by all ministries and departments concerned. Once the proposals are approved by the Budget Code and the Law on Local Governance, the process of budget consolidation should commence.

Along with vertical budget consolidation, some progress in health budget programs consolidation (horizontal pooling of funds) has been made. ZdravPlus has been working with the Ministry of Health (Naimushina, Vice Minister of Health) and the Ministry of Economy (Ashirova, Head, Budget Planning Department) on this issue with the result that both the ministries have conceptually agreed on consolidating health budget programs.

In the meantime, the NHFJWG, technically supported by ZdravPlus, has moved ahead with developing regulative documents supporting Decree #138. A JWG expanded meeting with the participation of oblast health departments (OHDs) addressed a number of issues related to the decree. With intensive technical assistance from ZdravPlus, a first draft of guidelines on state procurement and health cost reimbursement has been developed and presented at the National Health Finance Workshop (May, Astana) for further consideration (see below).

With the purpose of developing more favorable conditions for implementing provider payment systems, the NHFJWG revised "Methodical Recommendations on Setting Norms for Volume of Care and Tariffs," a "Standard Agreement of Program Administrators with Health Providers" and "Rules of Population Enrollment in PHC Facilities." These regulations promote competition among health providers contributing in the long run to a more efficient allocation of health resources and improvement of the quality of health services provided to the population taking up a more active role in the system.

The NHFJWG has also started developing the "Methodology of Using Expertise Results for Adjusting Payment Amounts" and "The Procedures of Reporting to the Program Administrator and the Health Care Quality and Volume Expertise Organization." The importance of these regulative documents increases with the recent reorganization of National Densaulyk into the Center of Expertise of Quality and Volumes of Health Care under the Ministry of Health.

The appropriate vertical and horizontal program consolidation of health budget, centralization of the health care system at the appropriate oblast level, and single payer are the issues ZdravPlus has been working on for years by promoting the ideas through consistent policy dialogue and supporting the technical efforts of the Ministry of Health and the Ministry of Finance. Recognition of the ideas and

their broader support at the national level, as demonstrated by the documents outlined above, is fulfilling the strategy of national health finance framework development.

Oblast Level

The two-way strategic approach (above) has demonstrated its success through the implementation of the focal oblast level event of the past period - a health finance workshop including all oblast health departments in the country. The workshop, entitled “New Rules in the Health Care Financing System of Kazakhstan in 2003,” collected heads of planning and financial offices of oblast health departments throughout the country. Scrupulous day-to-day work on health finance issues at the national level allowed drafting a whole set of regulative documents on budget funds allocation which were submitted to oblast participants at the workshop for further consideration and approval. These draft documents were:

- “Regulations on state procurement and reimbursement of health care costs”
- “Methodical recommendations on cost accounting of health care”
- “Recommendations on setting fixed tariffs for types of health care”
- “The procedure of using sex-age adjusters”
- “Rules of enrollment of population to health facilities providing primary health care”
- “Methodology of planning and regulating volumes of health care”

After their final approval, these regulations will become concrete products resulting from a joint effort of national and oblast level health finance reformers technically supported by ZdravPlus.

In addition to the concrete documents considered in the course of the workshop, intensive discussions took place in working groups focusing on the following broad health finance issues:

- Health care budget consolidation, both horizontal (pooling oblast, city, and rayon funds at the oblast level) and vertical (merging programs, for example, one capitated rate for PHC or one hospital payment rate rather than separate for different specialties);
- Setting single tariffs for health care provision (new provider payment system rates);
- Health care expenditures planning;
- Ways of efficient utilization of additional resources (increase in health budget of 40 billion tenge); and
- Financing of rural health care.

All presentations, summarizing the discussions, were listened to with great care and interest. Of particular interest was the report made by K. Yermekbaev (Head of Karaganda OHD). The report discussed pooling of funds at the oblast level with the focus on clinical benefits of such a consolidation.

Vice Minister of Health Naimushina, heading a team of key financial specialists of the MOH, representatives of the Ministry of Finance and Ministry of Economy and Budget Planning, attended the entire seminar, showing keen interest in the subject. At the end of the intensive dialogue on creating an efficient health financing system at the oblast level, Naimushina announced the MOH’s decision to cut the number of budget programs aimed at a greater program consolidation. The oblast participants were actively discussing the best ways of handling such a consolidation.

It is hoped that the workshop has enhanced the oblast level capacity to: (i) implement new economic mechanisms to improve the efficiency of health care resources allocation at the local level; (ii) develop a local regulative base regulating the process of creating conditions for efficient and productive implementation of new provider payment methods; (iii) implement local open enrollment of population in PHC facilities; and (iv) employ advanced methods in the quality improvement system. The workshop made it clear, however, that the huge interest in and demand for such information and trainings from oblasts needs more support in the future. ZdravPlus engaged in a dialogue with the MOH to develop a strategy for regional centers to provide seminars giving more technical and operational support to all oblasts. The four regional training centers will most likely be Almaty City for South KZ, Karaganda City for North KZ, Semipalatinsk City for East KZ, and Uralsk City for West KZ. The purpose of the

seminars would be to provide more detailed information on legal documents, develop operational mechanisms, and develop actual calculations and simulations for the financing systems.

Health Insurance

ZdravPlus has continued working on mandatory health insurance issues within the national working group under the MOH succeeded by the National Inter-sectoral JWG, established by the Prime Minister in May 2003, and through collaboration with the World Bank. ZdravPlus has made an effort to keep the poor MHI model proposed by the MOH in mitigation by focusing on budget resources (with their planned increase by 40 billion tenge before 2005), thus limiting the potential negative consequences of implementing such a model. Over the past year, the amount of funds health insurance would provide has decreased from 50% of public sector funding to 10% given the increase in the budget. This approach, however, did not exclude ZdravPlus's significant effort in educating the Ministry of Health and other parties concerned with health insurance issues. Thus, through the JWG under the MOH, ZdravPlus has made a series of presentations on Mandatory Health Insurance (MHI) conceptual issues. Analytical materials on international experience in respective areas have been prepared and presented.

ZdravPlus has become a leading contributor and regular participant of the National Inter-sectoral JWG on health insurance. The MHI National JWG established by the Prime Minister includes representatives from the Ministry of Health, Ministry of Economy and Budget Planning, Ministry of Finance, Ministry of Social Protection and Labor, the Prime-Minister's Administration, the National Bank, and others. The major task of this high profile group is to draft a MHI law to be submitted to the Parliament for consideration.

In late May, the first meeting of this group to discuss the Health Insurance Draft Law proposed by the National Bank was held. At Naimushina's request, Alexander Katsaga (ZdravPlus) made a presentation on the major aspects of the MHI system from the viewpoint of efficiency in the health care system and the specifics of the health care market. Also, a professionally printed book of ZdravPlus materials on international experience in health insurance has been provided to the participants of the meeting.

ZdravPlus will continue participating in regular meetings on health insurance. There is also determination to work more closely with National Bank on broad insurance issues. It is deemed important to discuss the differences between pension and health insurance funds in their relation to capital markets development and private insurance opportunities.

Collaboration with the World Bank

In the past six months, ZdravPlus has continued collaborating with the World Bank (WB) Missions on health insurance issues and beyond. Thus, ZdravPlus has held a number of meetings with the WB within the Missions framework. The development of joint approaches in addressing such broad health finance issues as health insurance, budget funding, identifying priorities and complimentary activities have been the focus of attention. It has been generally agreed that both ZdravPlus and the World Bank need to collaborate and use their comparative advantages to create synergies. In this context, the plan for WB's technical assistance drafted by the Ministry of Health was discussed. Both the World Bank and ZdravPlus considered the proposed plan unrealistic for lack of adequate technical resources and time limitations. In addition to meetings, personal discussions and conference calls conducted in the course of the World Bank's Mission (Kazakhstan, April and May 2003), ZdravPlus provided the Mission with respective technical materials on health insurance and broad health finance issues.

A national seminar on broad health finance issues and health insurance provided by the World Bank and technically supported by ZdravPlus is a good concrete example of collaboration between WB and ZdravPlus. The seminar (May 15, Astana) was attended by the Ministry of Finance, Ministry of Economy and Budget Planning, Ministry of Labor and Social Protection, the National Bank, and others. The Ministry of Health, though invited to participate, was poorly represented, however. As it had been preliminarily agreed, Alexander Katsaga (ZdravPlus) made a leading presentation titled, "Health Care Funded from the Budget." The presentation encompassed major aspects of health care funding, including approaches to planning health care resources, state expenditures on health care as a percentage of GDP, new provider payment methods, the splitting of budget planning and allocation principles, state procurement issues, positive legal changes in the recent period, and oblast level pooling of funds.

The presentation aroused much interest with the audience, and the participants came to A. Katsaga during the breaks to ask for the electronic version of his presentation.

ZdravPlus Technical Assistance (TA) to Government beyond MOH

In the past six months, ZdravPlus has continued developing multi-sectoral collaboration involving the Ministry of Finance, Ministry of Economy and Budget Planning, Ministry of Justice, Government, Parliament, National Bank, and others, providing technical assistance as requested. Thus, ZdravPlus has prepared technical materials for the MOH and Ministry of Economy and Budget Planning on oblast-level pooling of funds. At the RK Health Sector Government's request, ZdravPlus has prepared recommendations on the MHI concept and the intention of the MOH to transfer rural health care to chapter-budget funding.

Health Information Systems

ZdravPlus's strategic approach to HIS development rests on the broad assumption that HISs are the vehicles, the "blood vessels" allowing the organized flow of money throughout the health system. The organization of HIS reflects provider payment methods employed in the system while provider payment systems in turn drive the development and appropriate adjustment of health information systems. Ultimately, it is the blend of interdependent provider payment and health information systems that provides the end result – more or less efficient utilization of health resources. So, retrospectively, ZdravPlus' efforts in developing health information systems in the country in general have always reflected the dynamics of health finance reform in the country. At the start-up of health reforms, HISs were perceived as major locomotives of health financing reforms. Currently, when the national legal and policy framework is largely in place for the new budget, funds for the health financing system including pooling of funds, refined provider payment systems and funds flow, and the issue of developing health information systems at a broader oblast level, comes to the front.

This understanding of the importance of HIS is seen at the national level with the issue addressed on various occasions. Thus, the Resolution adopted at the II International Conference "Advanced Information and Innovative Technologies in the Medical Center under the President's Administration" (November 2002), sets a broad framework for health information systems development. It sets forth the strategic objectives to design and implement a unified HIS, computerize work places, develop Internet, telemedicine, and strengthen collaboration with CIS and international organizations in developing advanced information technologies.

Against this background, the Ministry of Health and National Densaulyk more closely study the HIS's experience in Karaganda and East Kazakhstan Oblast (EKO) – ZdravPlus pilot sites. Recently, the Karaganda integrated HIS has been acknowledged the best in Kazakhstan by National Densaulyk, while the Minister of Health has verbally recommended health organizers to use the Karaganda and EKO HISs as models for developing HISs in the oblasts. There are certain signs that the MOH is seriously considering the issue. Thus, the MOH plans to organize a new office (department) under the MOH that would include the recently organized Information-Statistical Center established under the MOH, a Statistical Department, and a Department of Methodology of Provider Payment Methods. It is expected that the new office would supervise Densaulyk and Medinform as organizations reporting to the MOH. B. Tokezhanov, the current director of the HIS in EKO, has been offered the position of Director of the office-to-be. The organization of such an office would create opportunities for a better coordination of efforts of the MOH in developing the national health information system using the experience of HIS development in ZdravPlus pilot sites.

In the past six months, ZdravPlus has used the following strategic avenues in developing HISs: (i) development of HISs at the oblast level in ZdravPlus pilot sites and beyond (Karaganda, Zhezkazgan, EKO and Almaty City); and (ii) disseminating the experience of pilot HISs to the national level, helping to create the vision and understanding of the future national HIS.

In concrete terms, ZdravPlus has concentrated its technical efforts in the following areas:

- Development of the Modular HIS;

- Development of the Karaganda integrated HIS;
- Development and utilization of population databases in pilot sites;
- Development of the Almaty Population Database Project; and
- Provision of informational support for monitoring and evaluation activities and quality improvement pilots.

Oblast-level joint working groups allowing a concerted effort of health information system specialists from various sites across Kazakhstan (Karaganda, Zhezkazgan, EKO, Almaty) as well as ad hoc working groups under the MOH/Densaulyk, have been the major technical instruments of implementing the HIS development strategy in the country.

National HIS

Over the past six months, the MOH and Densaulyk continued studying national experience in developing HIS. Thus, National Densaulyk has conducted a workshop hosting directors, experts and programmers from all of its oblast branches. The purpose of the workshop was to select a health information system which has the greatest potential in terms of development and broader application in the future for managing quality of care as well as for collecting and generating budget reports. As a result, the Karaganda health information system has been acknowledged as the most appropriate. This system has been created with ZdravPlus's technical assistance. A. Nurbaev, a leading information technologies specialist from the Karaganda HIS, has been appointed as national coordinator for standardizing medical database formats.

The MOH has issued Order #330 ordering the utilization of standard database exchange formats in Kazakhstan. These formats have been developed with ZdravPlus's technical assistance. The utilization of unified data exchange formats across the country would create more favorable conditions for further roll-out of the ZdravPlus HIS model as the opportunities present themselves. Medinform, providing HIS services to the MOH, will also have to conform to the standards. In essence, Medinform's HIS supports the same provider payment systems; however, it is more basic in technical and ideological respects. The data it collects cannot be used for monitoring and evaluation purposes, for instance. However, it can be effectively used in less developed oblasts and upgraded (updated) as necessary, approaching a more technologically and ideologically advanced ZdravPlus HIS.

Modular Health Information System (Zhezkazgan)

The modular information system represents a set of software program modules creating an integrated information system distributed across health facilities with unified data exchange and facility-specific set of functions reflecting the profile and level of the health facility. The modular design provides the flexibility of using HIS in general, as well as the efficient utilization of the existing modules in new applications or adding new functions as required. To date, the following basic modules have been designed, tested and implemented in the Zhezkazgan modular HIS:

- Technological module used in all other modules of the system and providing security functions as well as a unified user interface;
- Population registration module, supporting population database, PHC enrollment and re-enrollment;
- Health facility visits module;
- Health facilities reference list module;
- Enterprises reference list module; and
- Module allowing transforming the data of the visits module into the database format for outpatient-polyclinic services provided to the population.

The HIS today allows the generation of approximately 20 reports in total based on the population and visits databases. These reports can be used for internal management at the facility level, as well as for the city health department and national level reporting needs.

The testing of the modular HIS in selected pilot facilities has been successfully completed. In the course of the testing period, reporting forms have been tested and improvements made as necessary. The productivity of operators entering data has been assessed and based on this assessment, the required

resources for broad-scale implementation of the system in the region have been identified. Further tasks for developing output forms have been defined and the respective software programs for such reports have been developed. More specifically, over the past six months, further efforts in developing and rolling out the HIS have been focused on the following areas:

ZdravPlus IT specialists: continued refining the reporting forms and respective software based on the test results; provided training to health facilities, technical staff from the city health department and regional Densaulyk on operating and maintaining the new software and training of trainers (from the cohort of senior medical personnel of statistical departments and health facilities) in the correct filling out of paper registration forms as part of the individual registering system.

CHD: based on the assessment results, determined the schedule of hardware procurement for health facilities.

Densaulyk and FGPA: organized training for operators in using the program software.

Health facilities: started organizing working places for operators and allocating additional work stations in Registrar's. Also, health facilities are responsible for hiring experienced operators able to work under the new system.

Karaganda Integrated Health Information System (HIS)

The Zhezkazgan-Karaganda HIS joint technical team continued work on developing the Karaganda integrated HIS. In the past six months, the designing of the data exchange module has been the focus of technical effort. Importantly, a respective module from the Zhezkazgan HIS has been used as a base software product further refined and adapted to the needs of the Karaganda HIS. In general, a set of unified modules used in Zhezkazgan and Karaganda HISs creates technical capacities for integrating the systems. As said earlier, Karaganda HIS is combining huge databases and advanced technologies, and has been recognized the best HIS existing in Kazakhstan today.

EKO Medical Information Center (MIC)

ZdravPlus HIS specialists continued work at the EKO MIC in the following major areas: (i) population database; (ii) monitoring and evaluation; and (iii) inpatient database development. While the population database and monitoring activities are mentioned in respective sections below, major activities related to inpatient database included designing software to connect population and clinical databases, updating a DRG software program, refining the morbidity report, diseases and operations software programs, and others. In addition, EKO and Karaganda HIS specialists jointly developed reference lists for installing and utilizing a software program for monitoring ambulance calls in Semipalatinsk.

Development and Maintenance of Population Databases

In Ust-Kamenogorsk, under the Information Medical Center (IMC), ZdravPlus continued supporting the enrollment population database. Thus, population database has been revised based on the re-enrollment results. The finalized enrollment population data (331,121 entries) has been submitted to the City Health Department. The cleaning of the database by eliminating duplications and mistakes in data entry has continued. Reserve copies of the population database were created. The respective software has been updated using the modules developed and tested in Zhezkazgan and Karaganda.

In Karaganda, the cleaning and finalizing of the population database continues. The process has been somewhat complicated due to the increased migration of population in the recent period affecting the enrollment initial data.

In Almaty, ZdravPlus subcontractor Medinform has continued implementing the Almaty Population Database Project. While the end goals of the project go beyond the development of the population database, the actual formation of the population database has been the focus of technical activities over the past six months. So far, the required software programs have been adapted in line with ZdravPlus requirements and the needs of the Almaty City Health Department; the required equipment (three computers with licensed software programs and three printers) has been procured. In May, the process of open registration of the population in selected pilot facilities was started. The population registration data is entered into the computers and checked against the already existing (old) population database.

Informational Support to M & E Activities and Quality Improvement Projects

Over the past six months, ZdravPlus has been gradually shifting the balance of HIS development to their utilization beyond health financing and population database purposes. This strive is based on an overall perspective that HISs must fulfill routine day-to-day functions meeting various informational and management needs of the system at its different levels – health facility, health department, ministry and government. Thus, in the past six months, the ZdravPlus-supported HISs in Karaganda and Ust-Kamenogorsk have continued providing informational support to the monitoring and evaluation activities underway in Karaganda and Semipalatinsk. In Zhezkazgan, the HIS has supported the Safe Motherhood project, collecting data for drugs, cost of drugs, and data requested for monitoring purposes (number of incidences, ALOS, bed days, 2002 budget). The monitoring of indicators for the Family Planning Program has been organized. Another example is the use of the HIS to support the continuous quality improvement project in Zhezkazgan.

This perspective is shared by policy makers from ZdravPlus pilot sites. For instance, Mr. Yermekbaev (Head, Karaganda OHD) requested ZdravPlus to organize a profound training course for health organizers in the oblast (city, rayon and oblast levels) with the focus on utilization of HIS for management purposes. The training event (funded by AED) is included in ZdravPlus plans and is scheduled for November of this year.

Legal and Policy

Over the past six months, health policy and legal activities in Kazakhstan have focused on:

- 1) Supporting the national policy dialogue;
- 2) Developing a legal framework for health reform; and
- 3) Monitoring and Evaluation.

Given that the three-vector framework has already been shaped, the next step has been made to deepen and broaden respective activities with the aim of strengthening the political and legal base of health reform.

National Health Policy Development

Supporting the National Policy Dialogue

The national policy dialogue has been broadened and deepened, resulting in strengthened horizontal and vertical alliances among national and oblast level stakeholders of health reforms. ZdravPlus has made a consistent effort to engage the Ministry of Health, Ministry of Economy and Budget Planning, Ministry of Finance, Ministry of Labor and Social Protection, the Government, the Parliament, and the National Bank in both official and unofficial discussions on broad health policy issues. Oblast-level health policy makers have been invited to participate in discussions through working groups and meetings to voice their opinion and share practical experience.

Representatives of the aforementioned organizations participated in all sessions of the National Health Finance JWG (headed by the Vice Minister of Health Naimushina and technically lead by ZdravPlus), Health Insurance Group under the Ministry of Health as well as the Inter-sectoral National WG on Health Insurance. These working groups have become an effective mechanism in promoting ZdravPlus policy and technical input at the national level resulting in products described in respective technical subsections of the report (see Health Finance, Health Insurance, HIS, Monitoring and Evaluation).

National Workshop on Health Financing Policy

The ZdravPlus-led national workshop on health finance for representatives of all oblasts (see details in Health Finance) has significantly contributed to the development of the policy dialogue involving both national and oblast-level policy makers. It has demonstrated a visibly increased understanding and acceptance of health financing reforms at the oblast level and an awareness of such a paradigm shift at the national level. Of interest, in addition to Karaganda and EKO reformers, the pronounced voice in

support of health financing reforms was heard from Mangystau Oblast (Aktau), WKO (Uralsk) and Almaty City representatives.

National Health Strategy Convention

It is ZdravPlus's belief that the overall impact of national conferences, despite their much criticized inefficiencies, should not be underestimated. Over time, conferences allow for the generation of a common language among the core participants, "migrating in flocks" from one event to another. Conferences facilitate receiving first-hand information both from the opponents and supporters of reforms. The early June International Conference on Health Care Development Strategy, which collected over 100 participants from all over the country and abroad, has become a visible event on the health political arena over the past six months. Three working groups (Health Economics, PHC and Health Promotion) discussed broad health policy issues. The Health Economics Group included representatives from the Ministry of Health, Ministry of Finance, Ministry of Economy, the National Bank and others. Health Insurance was the major topic discussed. The PHC Group, led by Professor Mustafaev (Head of the Health Policy Department under the National School of Public Health), discussed (1) adaptation of PHC to the market economy; (2) development of a legal base; and (3) improvement in the quality and accessibility of PHC. The third group focused on prevention and rehabilitation issues. ZdravPlus specialists participated in all working groups and provided their perspectives.

Oblast Level Policy Development

In the course of six months, ZdravPlus has continued developing oblast level policy dialogue, disseminating the results to the national level. Karaganda, East Kazakhstan Oblast and Almaty City have remained the leaders in this area.

Karaganda

The Karaganda pilot site continued to attract the attention of prominent health leaders in the country. After visiting Karaganda in February of this year, Mr Akanov (Director General of the National Center for Healthy Lifestyles), said that "in no other oblast of Kazakhstan have I seen anything approaching Karaganda in terms of consistency of reforms undertaken, actual utilization of information technologies for management purposes, and cadre potential." To strengthen the positive environment for health reforms in the oblast, Mr. Akanov suggested that a process of assigning Karaganda an official status as pilot site by the National Government should be initiated.

The Ministry of Economy and Budget Planning, an important and active health care stakeholder, has shown a clear interest in Karaganda's success. Thus, Mr. Amangeldiev (Director of Department for Cross-budget Relationships under the Ministry of Economy and Budget Planning) attended the meeting in Karaganda discussing: (i) the split of administrative, financial and quality control authority in health care; (ii) the guaranteed benefits package; (iii) health insurance; (iv) state procurement; (v) relationships between the republican and local health budgets and the respective legal base; and (vi) the validity of health statistics collected at local and national levels. Mr. Amangeldiev was impressed by Karaganda's experience in pooling health budget at the oblast level, advising the Ministry of Economy to include the pooling of funds into the revised Law on Local Governance and Budget Code.

Almaty City

ZdravPlus has continued developing a policy dialogue with the Almaty City Health Department both directly (within the Almaty Project) and indirectly (through the Kazakhstan Association of Family Physicians, ZdravPlus major grantee in Kazakhstan). The dialogue has intensified since the appointment of Tamara Dzhusubalieva as Deputy Head of the Almaty CHD. Thus, within a short period, a draft agreement on collaboration between KAFP and the Almaty CHD was developed and preliminarily approved. The selected areas of collaboration are: (i) Almaty City FGP and mixed polyclinic physician training; (ii) possible CQI projects in Almaty PHC facilities; (iii) EBM protocol implementation; (iv) IPCS training; and (v) palliative care projects (with the Soros Fund).

Health Care Legal Base Development

Government Decree #138

Article 25 of the State Procurement Law (Article 25) has introduced changes reflecting the specifics of health care services and created conditions for a more efficient implementation of incentive-based provider payment systems. The implementation of the “money follows the patient” principle is one of such important conditions provided that consequently creates a competitive environment for health providers through budget consolidation and reallocation of resources and increases the role of the population in the system. In pursuance of Article 25 of the State Procurement Law, the RK Government has approved the “Regulations on Implementing State Procurement of Health Services Based on Fixed Tariffs” (Decree #138 of February 7, 2003). The Decree regulates pooling of funds at the oblast level and defines major rules of state procurement of health services based on individual consumer choice. ZdravPlus’s major effort in the past six months has concentrated on developing a set of regulative documents in support of Decree #138. The proposals on pooling of funds have also been reflected in the revised Budget Code drafted by the Ministry of Economy and Budget Planning. These are ZdravPlus’s important achievements in the legal area over the past six months. For more detail, see the Health Financing section of the report.

Law on the Health Care System

On June 4, 2003 the Law on the Health Care System was finally approved by the President. In the final analysis, the law bears a contradictory character and is rather inconsistent. The positive aspects are: (i) the law legislates capitated payment for PHC with enrolled population and performance-based (case-based) payment for hospitals; and (ii) creates legal opportunities for open enrollment in outpatient-polyclinic facilities. The law, however, does not provide a clear definition of PHC facilities. In addition, pediatric care is stated separately for PHC in a number of cases.

Monitoring and Evaluation (M&E)

Health care policy and monitoring and evaluation are two sides of the same coin. Given this, monitoring and evaluation (M&E) activities have continued to be an important area of ZdravPlus’s activities in the past six months. The overall M&E strategy consisted of deepening M&E activities in the Karaganda pilot site, broadening M&E techniques by applying them to such quality projects as CQI, rolling out M&E into Semipalatinsk and EKO, and training. It is important to note that M&E projects are viable in the oblasts that boast adequate HISs.

Karaganda PHC M&E Project

The M&E system continues to be implemented and further developed in Karaganda. Regular working meetings were held to look at further improvement of the system. The meetings were attended by ZdravPlus specialists, representatives of the City Health Department, and SVA chief physicians. A methodology for analyzing the M&E results has been designed.

As a next step, the monitoring and evaluation process will be deepened with the purpose of further developing quality indicators and prioritizing the health quality issues for starting up the CQI system in Karaganda.

Semipalatinsk and EKO M&E Project

The PHC Monitoring and Evaluation project in Semipalatinsk has been progressing both politically and technically. From a technical viewpoint, measures have been taken to ensure the technical sustainability of the project. Thus, to support the collection and processing of data required for project implementation, a software module developed in Karaganda with ZdravPlus technical assistance was installed in the HIS under the City Health Department. Operators specifically trained in using the software program have started the data entering process.

In early June, an oblast-level workshop on monitoring and evaluation was held in Semipalatinsk. The workshop hosted specialists and leaders of health departments from the entire East Kazakhstan Oblast, including the cities of Semipalatinsk and Ust-Kamenogorsk and heads of SVAs (Semipalatinsk and Ust-Kamenogorsk) and NGOs. In the course of the workshop, a primary analysis of indicators for 2002, as

well as performance results of SVAs in Semipalatinsk for the first quarter of 2003 (against the set of indicators initially selected for monitoring and evaluation), were presented.

There is a general understanding that the implementation of such an analytical system, allowing objective evidence-based evaluation of PHC facilities and that of the entire PHC delivery system in dynamics, is critically important both for internal management of SVAs and health administrative bodies and for developing policy dialogue related to the PHC system organizational structure. In the course of 2003, the monitoring and evaluation system will continue to be tested in Semipalatinsk with results analyzed and summarized by the end of the year. The relevance and validity of the preliminarily selected indicators will be assessed, the required changes introduced, and starting from the beginning of 2004, a phased-in rollout of the system throughout the oblast will commence.

ZdravPlus Interviews

ZdravPlus staff has completed interviewing a range of key personnel and everyday people involved with and affected by health reforms in the ZdravPlus pilot sites of Semipalatinsk, Karaganda, Zhezkazgan and Astana. The results of these interviews could be used for a number of purposes, and are proving to be a useful and interesting resource. While the extensive raw material generated through interviews is interesting in itself, a brief summary below gives an idea of peoples' general feelings about the changes in the health system over the past few years.

In Semipalatinsk, for instance, people say that they need to get better patient information. In Karaganda, Fatima Telzhanova (Senior Doctor, FGP "Zdorovye") says, "Although I am a representative of the former generation of doctors, and so I am used to the traditions and the healthcare of former times, I personally think that healthcare has improved. Of course, there were times during which we had many difficulties, including financial ones, but right now the financial situation is better. Healthcare is improving because we try to pay more attention to promoting healthy lifestyles." In all sites, GPs said things like, "our patients trust us" and from patients, "yes, I trust my family doctor."

It was rather difficult to capture the thoughts that compared the current time to Soviet times. Generally speaking, people were saying that 1) the Soviet health care system was great because there was financing; 2) the transition was difficult, the system was destroyed; and 3) now they need to find a way to go forward, considering the current financial situation.

KYRGYZSTAN
Six-Month Report
January – June 2003

COUNTRY SUMMARY BY PILOT SITE

The political crisis that played itself out over the last year seriously endangered the health reforms in general and the single payer system in particular. It was largely due to three factors: 1) Political instability and economic crisis in Kyrgyzstan; 2) A backlash against the success and depth of the reform, especially related to restructuring and increased transparency; and 3) Valid technical questions that need to be addressed; for example, the implementation plan for South Kyrgyzstan.

To mitigate the crisis, the USAID/ZdravPlus team mobilized the US Embassy, WB, WHO, and other international and local institutions to resolve and address these issues at the Parliamentary and Presidential level. At a Health Reform Roundtable held on February 21, the President expressed concern regarding the problems that had halted reform and gave his firm support for health reform. He made clear statements that the pace of reform must improve (“the key to solving the problems is a bold pace of reform”), that the government is not going to reestablish OHDs, and that the SIF must cover all its debts to the HIF. The Roundtable appears to have solved the political crisis and put the reforms back on track.

Following the Roundtable, the Health Reform Team met immediately to address technical issues and develop implementation plans. While of course the team is happy the reforms are back on track, there are some valid concerns about expectations being too high. Government officials now expect reforms, including the single-payer system that took five years to develop in Issyk-Kul and Chui Oblasts, to be implemented tomorrow in less developed South Kyrgyzstan where the foundation for health reform is not strong.

A key piece of the reforms that was not jeopardized in the health reform crisis was the effort to educate and empower the population. Health promotion activities continued to strengthen public knowledge on important PHC topics and to empower the population to take more responsibility for their own health and play a larger role in making the health system more responsive to their needs. An exciting new initiative in the past six months was the start of the Healthy Communities Grants Program, a joint endeavor of ZdravPlus, Counterpart and the Soros Foundation. This program made the first round of about 30 small grants to NGOs and community-based organizations for health-related activities. These grants are expected to be a powerful vehicle to empower local communities and other groups to play a larger role in the health system, both as advocates for consumer needs as well as health educators.

There were also successful health promotion campaigns on ARIs and anemia and ZdravPlus’ institutionalization strategy—where the project’s health promotion specialist works under the direction of the Republican Health Promotion Center (RHPC)—is paying off in these campaigns. The RHPC now uses ZdravPlus’ contribution to leverage contributions from other donors, the MOH, and other government agencies to transform modest campaigns planned for a few rayons into national campaigns.

In quality improvement, the strategy continues to center on the successful family medicine (FM) training programs, which are gaining ever-increasing recognition around Central Asia and drawing trainees from other countries. ZdravPlus and the FMTC are also managing to work effectively with other donors and projects to ensure that vertical training programs on topics such as TB, IMCI and malaria are integrated into FM training, rather than being conducted as free-standing courses, thus reinforcing family medicine as a concept and the importance of the FMTCs as training institutions.

ZdravPlus is also bringing a new dimension to quality improvement activities under the direction of the Regional Director for Quality Improvement. The highlight of the past six months was an important quality conference in Issyk-Kul where the many stakeholders already working on various facets of quality improvement shared what they were doing and developed a framework to coordinate them in such a way as to address quality more systematically. The successful Quality Improvement System (QIS) pioneered in Issyk-Kul also continues to be rolled out, with a new strategy to develop centers of

excellence in each rayon and to take the best practices learned in the QIS pilot and aim to replicate them nationwide.

The reforms continue to be implemented nationally with different oblasts at different stages of reform. In Issyk-Kul and Chui Oblasts, single-payer implementation continued with the main focus being monitoring and evaluation and refinement based on experience and evidence. Quality improvement and population involvement activities continue to deepen. In Naryn and Talas, a second round of restructuring is occurring as the single-payer system solidifies in its second year. Jalal-Abad and Batken initiated the single-payer system and are moving fast (maybe almost too fast) with pooling funds and provider payment systems, the focus of the first half of 2003, and introduction of formal co-payments scheduled for July 1st. Osh Oblast was reluctant to move forward with the reforms, but following the President's statements at the February Roundtable, Osh Oblast began single-payer implementation as well with a schedule still under discussion. Following the resolution of the health reform crisis, events in Bishkek City moved forward surprisingly rapidly. The institutional structure issue was largely solved with the Mayor of Bishkek agreeing that the Bishkek HIF would serve as the health purchaser. The MOF approved a resolution allowing republican funds for republican facilities to be pooled in the HIF with the city funds, thus pooling funds for the remainder of 2003. However, many obstacles remain in Bishkek City, in particular the reluctance of republican facilities to restructure.

ZdravPlus continued to collaborate with all donors and projects, including the World Bank, WHO, DFID, Swiss, ADB, etc. ZdravPlus staff participated in the May World Bank mission strengthening the connection even further. Institutionalization continued to be a priority and this process moved forward on a number of fronts including single-payer system, health information systems, monitoring and evaluation, family medicine training, quality improvement, and health promotion. The Family Practice Group Association and Hospital Association shifted to direct grants from USAID.

SUMMARY OF IR ACTIVITIES

Population Involvement

Health Promotion

Health promotion activities seek to encourage the population to take more responsibility for their own health, following the core strategies of first, educating the population about health topics and healthy lifestyles and second, empowering the population and communities to be more involved in making the health system responsive to local needs and building healthy communities. The newest initiative in the health promotion arena is the start of the Healthy Communities Grants Program, a joint endeavor of ZdravPlus, Counterpart, and the Soros Foundation. This program makes small grants to NGOs and community-based organizations for health-related activities, thus empowering groups to play a larger role in the health system.

In terms of educating the population about health topics, successful health promotion campaigns were conducted on ARIs and anemia. ZdravPlus' institutionalization strategy is yielding gratifying benefits in these campaigns. The director of the Republican Health Promotion Center (RHPC), where ZdravPlus' health promotion specialist works, leverages contributions from other donors, the MOH, and other government agencies to transform modest campaigns in a few rayons into national campaigns.

Interpersonal communications skills training, coupled with the provision of IEC materials, is at the heart of ZdravPlus' efforts to build up FGPs as resource centers. This training course is achieving considerable success, as evidenced by the Asian Development Bank's request that ZdravPlus provide such training to support their activities.

ARI campaign

ZdravPlus' health promotion specialist planned, coordinated and conducted a national campaign on acute respiratory infections (ARIs) from January 5 to February 15, together with various MOH departments. The campaign sought to educate the population about the prevention of ARIs, about the signs of illness, and the danger signs that indicate a child should be taken to a health facility immediately.

The campaign was launched with a press conference at the MOH. There was good coverage of this event in newspapers and on national TV. A video, TV spots, and radio reels on ARIs were broadcast nationally and at the oblast level during the campaign. Right after the campaign, a meeting was held to assess the results of the campaign. Representatives of TV, press and radio, the MOH, RHPC and SES participated and prizes were awarded to the most active journalists for good coverage during the campaign. Forty thousand leaflets, 10,000 brochures and 5,000 posters were disseminated during the campaign in addition to the TV and radio broadcasts.

Anemia campaign

ZdravPlus joined the Republican Health Promotion Center in conducting an anemia campaign from April 2 to May 2. The campaign was aimed at helping the public understand how to prevent anemia, particularly through improved nutrition. It started with a press conference at the MOH and opening ceremonies in Jalalabad city and Bazar-Korgon rayon of Jalal-Abad oblast. Representatives of mass media, the MOH, RHPC and all FGPs in Bazar-Korgon and Jalalabad city participated at the opening ceremonies. As a result, the MOH's Press Center made a ten minute TV program that was broadcast on national TV. There were contests among FGPs for the best anemia poster and among schoolchildren for the best drawing, with the winners receiving prizes. FGP doctors conducted meetings with the population on the prevention of anemia and distributed print materials. ZdravPlus produced 30,000 brochures and a large quantity of posters, leaflets and calendars provided by the Asian Development Bank (ADB) were disseminated during the campaign. A video, TV spots and radio reels were broadcast on the national and oblast radios and television. A wrap up meeting was held in May with representatives of TV, press and radio, the MOH, RHPC and the Asian Development Bank to assess the results of the campaign and prizes were awarded to the most active journalists for good coverage during the campaign.

The results of both of these campaigns will be measured through a KAP survey to be conducted in the fall.

Training in Interpersonal Communications Skills

The FGPA received a grant from ADB to provide Interpersonal Communications Skills (IPCS) training to FGP doctors in support of the anemia campaign. ZdravPlus provided trainers for these seven workshops for 135 PHC workers, conducted in April. The participants' scores increased from an average of 25 percent at the time of the pretest to 75 percent at the post-test. In May, three IPCS workshops were conducted for 60 primary health care workers in Bazar-Korgon rayon of Jalal-Abad Oblast. There, participants' scores increased from an average of 28 percent at the time of the pretest to 86 percent at the post test.

ZdravPlus health promotion staff, together with master-trainer Irina Uzkaeva from ZP Kazakhstan, conducted a training of trainers on IPCS from March 9 to 15. There were 21 participants from NHPC, FGPA and oblast Health Promotion Centers. All were certified as trainers. The participants' scores increased from 52 percent at the time of pretest to 93 percent at the post test.

Other Activities

ZdravPlus' health promotion specialist worked with counterparts to prepare a 10-minute video on breastfeeding. Other activities have been implemented with FGPA, FMTCs, like the 'Hour of Health' radio program in Issyk-Kul Oblast, which covered such topics as TB, IMCI, SARS, and STIs.

Healthy Communities Grants Program

The core of the project's community-oriented activities was the start of the new Health Communities Grants Program. ZdravPlus jointly with Counterpart and Soros Foundation/Kyrgyzstan, and with funding from USAID and Soros Foundation, started the HCGP in February, 2003. This program was initiated for NGOs, CBOs and community groups to encourage the population of Kyrgyzstan to take greater responsibility for improving the health status within their communities. Two types of grants are offered through the grant program: Community Action Grants and Health Grants, with approximately 50% of funding for each. It is anticipated that NGOs, CBOs and CGs in collaboration with local community members and other stakeholders will address clearly identified community health needs.

Communities are expected to play an active role in problem identification and project implementation. The grants are being awarded in three rounds. This year, the first round of applications was finished in May and the award ceremony was held on June 6 with participation of the US ambassador, who awarded program certificates. The event was well-covered by mass media.

In the first round, 15 grants were awarded for health projects and 16 grants for community action projects to community based organizations and community groups. Among them, four projects are from Issyk-Kul Oblast, seven from Chui, three from Talas, four from Naryn, six from Osh, four from Jalal-Abad, and three from Batken Oblasts respectively. The amount of grants awarded varied from \$575 to \$4,991. Most of the projects (19) aim to improve hygienic conditions in communities, but four center on renovation of FAPs (midwife-obstetric posts) and schools, while the rest are educational in nature, emphasizing drug abuse and infectious diseases, including TB, brucellosis and hepatitis.

Healthy Schools

The Healthy Schools program, launched in September, 2002 in 41 pilot schools across Kyrgyzstan, continued implementation over the last six months. The program was developed under the auspices of the RHPC, based on a joint MOH and MOE Decree with assistance from DFID, UNFPA, UNICEF, and ZdravPlus/USAID. It was introduced in 1st and 5th grades of secondary school. The program is continuing to expand using limited resources. A new set of curricula for the second and fourth grades was developed, and it is under consideration by the Ministry of Education. A limited evaluation of the program will be undertaken over the summer by ZdravPlus intern Alanna Bailey from Emory University.

Quality Improvement

The strategy in quality improvement continues to center on the successful family medicine (FM) training programs, which are gaining ever-increasing recognition around Central Asia. These are supported by short training courses for FGP staff on priority health topics in the areas of reproductive health and infectious diseases. Significantly, ZdravPlus was able to respond to the emerging malaria problem in the south of the country by collaborating with AED and Merlin to conduct training for FGP health workers.

The strategy places increased emphasis on quality improvement activities and the highlight of the past six months was an important quality conference in Issyk-Kul which produced a framework for the many stakeholders in quality improvement activities to coordinate their work. Work continues on clinical practice guidelines and accreditation of health facilities and the expansion of the Quality Improvement System pioneered in Issyk-Kul continues.

Family Medicine Education and Training

TOT Program

The FM TOT program at the Bishkek FMTC for doctors and nurses from surrounding countries has currently four participants from Tajikistan and three from Kazakhstan. In addition, the Bishkek FMTC hosted two FM trainers from Uzbekistan for 1-month FM clerkships in March. This provided them with more clinical experience in a FM setting and provided the opportunity for the bilateral exchange of experience regarding FM training.

To enhance the skills of the TOT trainers, two of them attended a quality conference at Lake Issyk-kul to strengthen quality improvement efforts in Central Asia. The KSIRCME FM programs continue to achieve progress in the TOT program and in the ongoing retraining of FGP physicians throughout Kyrgyzstan, with increased focus recently on quality monitoring at the FMTC level and on development of a national process for the completion and reporting of continuing medical education for family physicians.

FGP Retraining

FGP retraining focused on two activities: First - phase II retraining of FGP doctors in Naryn and Talas Oblasts and South Kyrgyzstan; and second – publishing materials and books for phase II FGP doctors retraining and FGP nurses retraining courses.

Phase II retraining of FGP doctors continued in Naryn (104 doctors) and Talas (81) Family Medicine Training Centers (FMTCs). It has included a nice cooperative effort between the FM Department of the Kyrgyz State Institute for Retraining and Continuing Medical Education KSIRCME and Project HOPE. In 2002, Project HOPE provided TOT training for many of the KSIRCME FM trainers. Now these FM trainers from the Naryn and Talas FMTCs are providing DOTS training for the FGP doctors. Initially, they are closely supervised and mentored by the Project HOPE trainers. Project HOPE is covering the training expenses of all the FGP doctors for this 3-day portion of the phase II retraining. This contribution will help to address the problem of the funding deficit under the World Bank II Project due to increases in national per diem rates.

In another cooperative effort, the KSIRCME prepared an updated version of all the training materials associated with the phase II FGP doctors' retraining course. The World Bank has published enough copies to supply one for every FGP doctor who will complete retraining between now and the end of the WB II project. The KSIRCME FM nursing faculty has prepared a similar book for the FGP nurses' retraining course. The WB will complete the publication of this very soon for all the nurses who will do their retraining course over the next year.

FGP physicians in Osh, Jalal-Abad and Batken Oblasts received one-day seminars to recognize and manage patients with symptoms of malaria. The seminars were conducted by 15 Family Medicine trainers who attended the TOT courses conducted jointly with AED and Merlin in February.

In Naryn, there was also a 3-day retraining seminar on Rational Use of Pharmaceuticals and a 2-day seminar on "Acute Coronary Syndrome."

FM Residency Training

The FM residency is continuing according to plan. Rural rotations have been planned during the last two months for over half of the 2nd year residents. Recently, the FM department heads for the KSMA and KSIRCME made presentations in a meeting of the Kazakh Family Medicine Association in Almaty. Their Kazakh colleagues were very interested in the FM training programs in Kyrgyzstan. The result of this is continued cooperation.

Continuing Medical Education (CME)

The FM trainers from the FMTCs are also visiting FGPs to do on-site training and to encourage doctors and nurses to do individual study for CME credit. The pilot version of the CME-CQI program in Issyk-kul Oblast is continuing at full speed. Like last year, each FGP doctor attends a week-long regional CME seminar this year. Four of these seminars are planned for 2003. Recent discussions with the FGPA helped to coordinate the efforts of the KSIRCME and the FGPA regarding providing CME for FGP doctors in the IKO and nationally. It is intended to use the national health manpower database to track these CME credits.

OSCE

All the FM doctor trainers working in the KSIRCME FM Department passed an internal examination process that included both written and clinical exams, the latter using "Observed Standardized Clinical Exam" (OSCE). This has helped to motivate them to continue to improve their knowledge and skills. Also, the TOT trainers participated in a regional conference held at the Kyrgyz Medical Academy on the standardization of the evaluation of clinical knowledge and skills. Specifically, OSCE was demonstrated at the Regional Council of Rectors meeting, which was attended by over 100 delegates from medical schools throughout Central Asia. A team of experts from the USA gave seminars and workshops on the practical use of the OSCE in the training of family physicians. FMTC trainers put together a poster presentation on the OSCE which was highly regarded by experts.

Nurse Training

Over the past six months, 42 nurses from IKO rayons have been trained on family medicine (FM). Family medicine training center (FMTC) trainers of nurses carried out the theoretical part of the training, and local specialists on endocrinology, cardiology, surgery, and ophthalmology were also involved. The trainings followed the fixed curricula approved by the FMTC in Bishkek. Nurses and students received patients together with FGP physicians and conducted dispensary observations and home visits. FMTC trainers provided seminars for nurses on Reproductive Health and Family Planning, and conducted the seminar on Healthy Lifestyles as part of a vertical training program.

The nurses passed their final exams, which consisted of three phases: 1) tests, 2) a practical exam of nurses, and 3) an interview. The commission members and Deputy Head of FM Training Faculty Revenko M.V. headed the final exam commission and local specialists including Usubakunova U.U., a Karakol Medical College teacher, and Abdullaeva M.N., Head Nurse of IKO FMC, noted good preparation and training. The results of trainings were all positive.

FMTC trainers of nurses started another two-month training course for 21 IKO nurses that will finish in August.

FMTC nurses-trainers started the regular independent CQI on-site cycle to Ak-Suu, Tyup, Issyk-Kul, and Ton rayons preparing handouts, making copies, action planning, discussing the logistics of the cycles, and working with feldshers and FM nurses in IKO FAPs where they implemented CQI. Trainers provided CME trainings on the following topics: Insults and nursing activity, Diabetes Mellitus, Preeclampsia, Acute pneumonia in adults, and Ulcers.

On May 15-17, there was the XXI Century Nurse Conference in Bishkek where all oblasts presented their activity results. IKO FMTC trainer of nurses, Jyrgal Cholponbaeva, presented on CQI. The Conference took place in Slavonic University for nurses, MOH representatives, KSMA for CME, and foreign guests.

On May 19-21, trainers of nurses passed attestation in KSMA for CME. Attestation was held in two rounds: 1) as a 100-question test, and 2) as an OSCE test, where each examinee could show in practice his or her performance. IKO trainers passed that test perfectly and were allowed to continue their training activity.

On May 22, there was the FMTCs Leaders Meeting that paid attention to a new pilot CQI project and considered such issues as Continuous Nurse Training and Monitoring.

Reproductive Health

As part of the continuing institutionalization process, ZdravPlus' reproductive health specialist moved into the office of the head of Primary Health Care at the MOH, as originally planned.

RH Training Through FMTCs

The core of ZdravPlus' RH program remains the training of FGP doctors and nurses through FMTCs. FP training is included in phase II of Family Medicine training for doctors. From January 2003, phase II training was held in Naryn and Talas FMTCs, where 134 FGP doctors received contraceptive technology update courses. The average test scores of these doctors went from 73.9 percent before the training to 92.4 percent afterwards. Phase II training will move to Bishkek City, Chui, Jalalabad, Osh and Batken in September.

In the past six months, FMTCs provided contraceptive update training courses for 318 nurses from Bishkek City, Chui, Jalalabad, Issyk-Kul, Naryn, Osh and Talas Oblasts. The average test scores of these nurses went from 69.4 percent before the training to 86.5 percent afterwards.

To ensure that pre-service and in-service training on family planning is high quality, ZdravPlus sends expert trainers to monitor contraceptive technology courses conducted by FMTCs and other training institutions. In the past six months, courses were observed at Tokmak, Kara-Balta, Kizil-Kia and Osh medical schools. The training experts provided updates and technical assistance to the trainers, as appropriate.

Pilot project on IUD Insertion/Removal by Midwives

A year after launching a pilot project to train midwives in Bazar-Korgon rayon of Jalal-Abad Oblast, the project has been declared a success and steps are being initiated to replicate it on a wider scale. The project sought to demonstrate that, with appropriate training, midwives could safely provide IUD services, thus making a widely used service available in remote areas with few ob-gyns and, at the same time, enhancing the role of midwives. ZdravPlus and its partners presented the project and its results to the MOH on April 1 and it was judged successful and appropriate for national replication, especially in remote regions of Kyrgyzstan. Training of midwives has begun in Suzak rayon in Jalal-Abad and, in Naryn, a modified version of the pilot project, conducted in partnership with the Swiss Cooperation, is being planned. Work on a prikaz to authorize midwives with appropriate training to provide IUD services is also under way.

Infectious Diseases

IMCI

ZdravPlus continues to support the training of FGP doctors in the Integrated Management of Childhood Illnesses (IMCI) through the Oblast Family Medicine Training Centers. In May, ZdravPlus participated in a UNICEF-sponsored conference on progress in the implementation of IMCI in Kyrgyzstan. In addition to UNICEF and ZdravPlus, the Asian Development Bank and Project HOPE are contributing to the IMCI national program in a coordinated manner.

STI / HIV-AIDS

A second pilot program of Syndromic Case Management of Sexually Transmitted Infections was completed in May in Jalal-Abad (southern Kyrgyzstan). The final report of the earlier Tokmok pilot (northern Kyrgyzstan) was submitted to the MOH in early June. At the completion of the second pilot, a workshop sponsored by ZdravPlus brought together participants in the two pilots (both FGP doctors and STI specialists), national dermatovenereology specialists, and representatives of the FGPA of Kyrgyzstan to discuss the lessons learned and implications for future programs. In most areas, a broad consensus was reached on what a national program should be like.

The results of this workshop were presented to the MOH. It is now considering how and when it would like to proceed with a national STI treatment and prevention program. Factors being considered include how to best phase in a national program (given ongoing restructuring in payment mechanisms, STI dispensary staffing, etc.), how to procure medications, whether new funding should be sought or whether the national program can be funded through the larger HIV prevention and surveillance program, and related issues.

Although officially completed, both the Tokmok and Jalal-Abad programs are being continued while medications last. To monitor knowledge on STI case management, follow-up visits to Jalal-Abad and Tokmok Cities were made to test doctors involved in the pilot. The results of the tests were positive; among 15 doctors, 14 answered all the questions correctly. The PCR study designed to address whether it is possible to identify which women with vaginal discharge are at greatest risk of having gonorrhea or chlamydia is completed and the results are being analyzed. A second study of whether a low cost local treatment for vaginal candidiasis is safe and effective is still in progress in Jalal-Abad. The gonorrhea susceptibility study, which was delayed due funding issues, should begin by September.

TB and Malaria

As already noted in the Family Medicine section, TB DOTS training was conducted for FGP doctors in Naryn and Talas and ZdravPlus worked closely with the FMTC, Merlin, AED and others to organize malaria training for FGP doctors in the southern oblasts of Osh, Jalal-Abad, and Batken before the start of the malaria season.

Evidence-Based Medicine/ Clinical Guidelines Development

The role of evidence-based medicine in the development and implementation of new clinical guidelines was emphasized by a number of speakers at a three-day conference on institutionalizing quality improvement in healthcare in the Kyrgyz Republic, held May 22-24. ZdravPlus and AED jointly organized the conference, with co-sponsoring from WHO and the World Bank. One thematic working

group, “Use of evidenced-based medicine for health services quality improvement” focused, in part, on quality indicators as the best measure of successful guidelines development and implementation. The involvement of all systems and stakeholders in this process was highlighted in the plenary report.

The coordinating committee for new clinical guidelines development established by the MOH under World Bank II reports that it will release 20 or more additional new guidelines this year, covering both inpatient and outpatient care. The process followed has been partially evidence-based, in part because of delays in the formation of the EBM Center and the training of local EBM specialists planned under World Bank II. ZdravPlus staff has attempted to assist specific guidelines development teams whenever possible. During this reporting period, particular focus was put on new brucellosis and several sexually transmitted infections guidelines.

Medical Accreditation Commission (MAC)

The MAC is continuing to award accreditation status to health facilities at different levels. Over the last six months, accreditation focus was on health facilities in Chui Oblast and South Kyrgyzstan. To update the skills of the MAC staff, the MAC experts took part in a workshop on the Role of Standardization Infrastructure in Economic Development under the aegis of the International Standardization Organization on March 13. To disseminate the knowledge of what accreditation is, the MAC conducted a seminar entitled, “Accreditation of Health Facilities in Kyrgyzstan” in May. It took place in Osh City with 36 representatives from the Territorial Hospitals and Family Medicine Centers from Osh, Jalal-Abad, and Batken Oblasts.

Continuous Quality Improvement Activities

As the project seeks to place increased emphasis on improving the quality of care, ZdravPlus aims to build and strengthen specific mechanisms known to influence the delivery of care through their actions on six specific determinants of quality: provider competency, provider motivation, providers’ and patients’ access to resources and information, patients’ demands and rights, specific QI activities (development of standards, monitoring quality, quality improvement projects), and regulations (licensing, certification and accreditation). Many elements of a quality improvement program have already been initiated in Kyrgyzstan, but an overall framework and coordination are lacking.

National Quality Improvement Conference

ZdravPlus held a three-day conference, May 22-24, in Issyk-Kul, jointly organized with AED, and with co-sponsorship from WHO and the World Bank. The main objectives of the conference were:

- To clarify definitions of quality of care and concepts for a quality improvement system;
- To develop a strategy for establishing an integrated quality improvement system;
- To start a coordinated quality movement in health care in Kyrgyzstan.

Prior to the conference, a conceptual framework was developed by a working group with representatives from major health structures, including NGOs. The framework was organized for four major categories of stakeholders: regulators/payers (who make the rules and manage the costs of care), the providers/medical NGOs (who deliver the care), the patients (who benefit from the care), and the educational institutions (who provide a clinical base).

Over 100 people attended, representing all key stakeholders involved in quality improvement: the Ministry of Health, Health Insurance Fund, community based organizations, patients, health providers, professional associations, educational facilities, Cabinet of Ministers, SES and international organizations. The following results were achieved:

- Stakeholders developed a clear idea of their roles and responsibilities in an integrated quality improvement system, whose description in a conceptual framework make their links explicit;
- Stakeholders got a consensus on the quality improvement mechanisms to establish, strengthen and sustain;

- Stakeholders committed to work in a coordinated fashion to build the capacities they need, along with their partners; and
- Patient representatives were very active, clearly demonstrating their important role in the process.

The conference produced a matrix of quality activities with four groups of stakeholders having varying degrees of involvement in each activity (still being finalized). The next step is the formulation of a quality institutionalization concept, which is planned for the summer. The conference is only a starting point and ZdravPlus will follow up with technical assistance on the implementation of selected interventions suggested by the participants.

Quality Improvement System (QIS)

The QIS for RH has been successfully implemented in eight FGPs in Issyk-Kul Oblast and one FGP in each of the remaining six oblasts in Kyrgyzstan, for a total of 14 FGPs. Among the initial pilot FGPs in Issyk-Kul, some have started working on different topics (such as anemia and hypertension) after the central level (FMTC) developed the checklists for quality assessment. The pilot experience has been documented by ZdravPlus, so that lessons learned can be used in its replication. Thirty-seven trainers (both from the FMTC and the FGPA) are now able to train and support FGP staff in the implementation of the QIS and ZdravPlus has a training package for QIS training¹.

The main issue is how to efficiently replicate the benefits of the pilot for all other FGPs in the country. Because most FGPs face the same issues and end up implementing similar changes, it was decided to replicate best practices by sharing the changes that FGP staff implemented in the pilot project and that led to improved quality—rather than replicating the RH QIS, which is labor-intensive and time-consuming. It remains to be seen how effective the “old” diffusion of innovation theory will be—how much of the best practices are being spread and how quickly.

Because the QIS training addresses only RH issues, it would be desirable to build the capacity of the FGP staff to use CQI for any improvement topic. QIS is a good introduction to the CQI logic, but a more advanced training would allow the current QIS trainers to help FGP staff address other issues. So, the plan is to continue targeted training in QIS to build capacity throughout the country, complemented by TOT in advanced QI techniques (a regional activity).

Thus, the following strategy has been adopted to expand CQI in Kyrgyzstan. First, by using the regional CME seminars to share information on QIS interventions and results with other FGPs, it is expected that they would replicate some of the changes to improve RH services and the dynamic of diffusion will be studied. The objective is to cover all 51 FGPs in Issyk-Kul Oblast in the remaining two years of the project and, because it is resource intensive, to extend the QIS to only one FGP per rayon. These 42 FGPs will hopefully become centers of excellence in their rayons, from which best practices would be communicated for diffusion.

Improving Resource Use

Health Reform Crisis

The political crisis that played itself out over the last year seriously endangered the single payer system in Kyrgyzstan. It was largely due to three factors: 1) Political instability and economic crisis in Kyrgyzstan; 2) A backlash against the success and depth of the reform, especially related to restructuring and increased transparency; and 3) Valid technical questions that need to be addressed; for example, the implementation plan for South Kyrgyzstan.

Two issues that exemplified the crisis were the refusal of the Social Insurance Fund (SIF) to transfer funds to the Health Insurance Fund (HIF) and the reestablishment of the Oblast Health Departments

¹ ZdravPlus Quality Improvement System: A Training Course for New Curators. Ton van der Velden & al. August 2002. Training Curriculum. ZdravPlus Project.

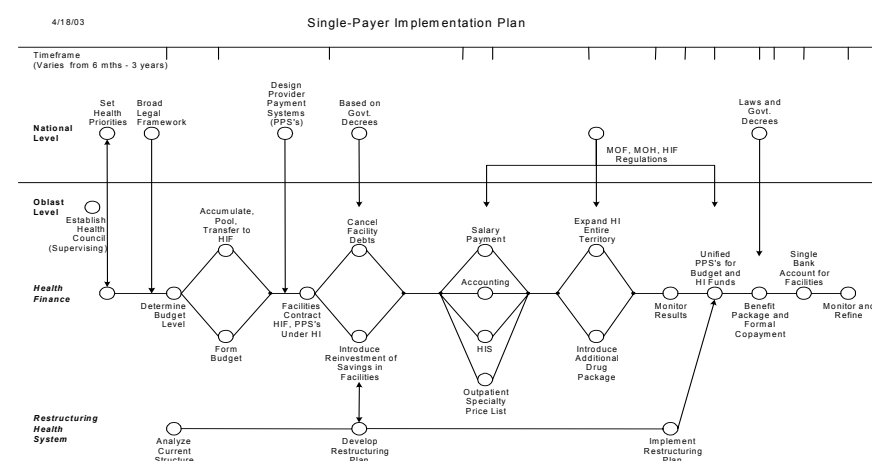
(OHDs). The SIF refused to transfer the health insurance payroll tax and cover arrears (of up to five years) to the HIF. This led to under-financing of the HIF and consequently health facilities across Kyrgyzstan. In turn, it would have had a negative impact on the functioning and the image of the single payer and health reform overall. Secondly, the crisis raised the issue of reestablishing OHDs, which could have meant destruction of the HIF and the single-payer institutional structure.

To mitigate the crisis, the USAID/ZdravPlus team mobilized the US Embassy, WB, WHO, and other international and local institutions to resolve and address these issues at the Parliamentary and Presidential level. A series of meetings were held with high level officials culminating with a meeting between President Akaev, John O’Keefe (US Ambassador to Kyrgyzstan) and Chris Lovelace (World Bank). At a Health Reform Roundtable held on February 21, the President expressed concern regarding the problems that had halted reform and gave his firm support for health reform. He made clear statements that the pace of reform must improve (“the key to solving the problems is a bold pace of reform”), that the government is not going to reestablish OHDs, and that the SIF must cover all its debts to the HIF. The Roundtable appears to have solved the political crisis and put the reforms back on track.

Single-Payer and Provider Payment Systems

Following the Roundtable, the Health Reform Team (including Kyrgyz reformers, ZdravPlus, and the WHO Evaluation Project), met immediately to address technical issues and develop implementation plans. During a series of meetings, very valid concerns were discussed about the expectations of Government officials being too high and outstripping the technical and operational potential of institutions to implement the reform rapidly, especially in South Kyrgyzstan. The Health Reform Team is mitigating this potential problem by learning from the experience in Issyk-Kul and Chui Oblasts, “staying ahead of the curve” in recognizing and addressing technical issues, retaining the step-by-step operational implementation approach, and focusing on building capacity, especially in South Kyrgyzstan.

Consistent with the step-by-step approach, the Health Reform Team developed a standard single-payer implementation plan. It has a number of purposes including fairly simply portraying the elements and the linkages between them. In addition, it can be used as a tool for dialogue with politicians, especially National and Oblast Government in order to portray the large number of steps required. It can be adapted to any implementation timeframe, most likely between six months and three years.



As implementation progresses and the system matures, a number of fairly complicated technical issues arise. While too numerous to list here, examples of operational refinements revealed by monitoring and evaluation of implementation are the possible need to introduce an adjustment to the capitated rate for remote rural FGPs to ensure access or how to adjust the provider payment system to fairly reimburse for the longer hours required to maintain emergency services in some hospitals. Examples of longer-term conceptual issues are how to begin to pay for outpatient specialty services or for indirect medical education in clinical bases.

In Issyk-Kul and Chui Oblasts, the priority over the last six months was the monitoring and evaluation of implementation, leading to refinements as necessary. An analysis of the financial situation in the health facilities of Issyk-Kul and Chui Oblasts revealed that certain facilities are not able to cover expenditures. The analysis showed that the main reasons for the hard financial situation of those facilities were:

- Incomplete restructuring of the facilities;
- High level of utility costs;
- Low profitability of some structural divisions; and
- Decreased number of hospitalizations.

The results were discussed with the First Deputy Minister of Health, Mr. Meimanaliev, and the General Director of the Health Insurance Fund (HIF), Mrs. Ibraimova. It was agreed that it is necessary to establish a special working group for restructuring of health facilities.

ZdravPlus with Socium Consult provided technical assistance in organizing the second phase of rationalization of health facilities in Naryn and Talas Oblasts. In addition, technical assistance was provided to on-going monitoring of the implementation process and operational refinements were made.

In Batken and Jalal-Abad there has been intense single-payer system implementation activity over the last six months. Healthcare facilities in Jalal-Abad Oblast held practical workshops introducing new financing mechanisms throughout December 2002 and January 2003. Socium Consult implemented the workshops. Progress was made in implementing the first phase (pooling, providing payment systems, initial plans for restructuring, etc.). The rate of co-payments for health facilities in Jalal-Abad and Batken Oblasts were estimated. Preparation intensified for implementation of the next phase July 1st (guaranteed benefits package, formal copayments, continue restructuring, etc.). The general assessment is that there is a lot of political will and the single-payer system is definitely moving forward, maybe too fast. The HIF and ZdravPlus/Socium Consult are doing everything they can to prepare and mitigate any potential problems. However, it is the nature of the system, to be expected, and issues will need to be resolved over time through implementation.

Significant movement on single-payer development occurred in Bishkek City over the last three months following the resolution of the health reform crisis. The problem before had been twofold. First, there was no single payer in Bishkek City as the Bishkek City Health Department (CHD) was the payer for city facilities and the MOH the payer for republican facilities. Now, the Mayor of Bishkek has agreed to a single-payer embodied in the Bishkek Territorial Health Insurance Department. There are still a number of difficult institutional structure issues to work out, but this is a big hurdle to jump over. The second major problem was the inability to pool funds in a single health purchaser (even if you had one). This is because republican money could not be pooled in a city entity or paid to city facilities and city money could not be pooled in a republican entity or paid to republican facilities. Other than the health reform crisis, over the last year, this has been the main reason for the delay in moving the single-payer system forward in Bishkek City. However, a temporary solution was developed over the last two months. The HIF, with technical assistance from Socium Consult, was able to get a joint MOF and MOH Decree signed entitled, "On Execution of the Republican Budget for the Second Half of 2003 Year for Health Organizations of Bishkek City Working Under the Single Payer System." This Decree allows for the transfer of the republican budget for the 11 major Republican Institutes delivering patient care to be transferred to the Bishkek Territorial HIF. Therefore, elements of the single-payer system should be able to move forward over the next six months. In addition to resolving this difficult impasse, a large amount of training was done over the last two months to prepare Bishkek City facilities for the next system.

In Osh Oblast, the political will to move forward slowly to enter the single-payer system seems genuine. Technical activities and training aimed at initiating the system were performed over the last two months. Unfortunately, a new and critical problem has arisen. Kyrgyzstan has designated Osh City as a separate administrative unit, probably for good reasons related to recognizing and increasing the status of South Kyrgyzstan. Based on this new administrative status, Osh City will develop new institutional structures

including an Osh City HIF separate from the Osh Oblast HIF. This creates a critical problem for implementation of the single-payer in Osh Oblast. First, it is a separate administrative structure, duplicating administrative costs and unaffordable for Kyrgyzstan. Second, and very importantly, it reduces equity even further in the poor oblast of Osh as there will no longer be cross subsidization from Osh City to the rural and poor areas of Osh Oblast as there are two pools of funds. Finally, it has a significant impact on plans to rationalize and increase efficiency, as there is now an administrative separation (similar to republican and city facilities in Bishkek) between oblast and city facilities. The Oblast Governor, MOH, MOF, World Bank, ZdravPlus, other donors, everyone but the Mayor of Osh City is opposed to the creation of a new Osh City HIF. ZdravPlus provided input to USAID Bishkek related to the Kyrgyzstan Foreign Minister's visit to the U.S. In summary, a number of Kyrgyzstan institutions and donor agencies do not support it; it remains to be seen what will happen.

Health Delivery System Restructuring and Human Resources

Policy dialogue continued related to various elements of health delivery system structure. MOH, ZdravPlus, and WHO Evaluation Project "brainstorming" sessions and meetings during the World Bank mission discussed Family Medicine Centers, particularly narrow specialists, continued development of the Oblast Merged Hospital and general hospitals, hospital outpatient departments, and the status of SUB's (small rural hospitals).

ZdravPlus continued to collaborate with the DFID Human Resources Project on human resource activities, largely through the Working Group. The MOH has developed and approved a concept on Human Resources Management in health sector for the period from 2003 to 2006. In order to strengthen the management of human resources on the health facilities level, the MOH, the MOH Health Reform Department, DFID, and HA conducted seminars on hospital human resources planning in all oblasts. The purpose of those seminars was to develop methodology on human resources planning for restructured health facilities. Following those seminars, a situational analysis on medical staff provisions was conducted in all oblasts. As a result, a factual workload for each specialty was determined, and new workload standards were developed. A seminar on human resources planning was also conducted for Bishkek and Chui SES departments.

The main ZdravPlus role continued to be development, implementation, and refinement of the personnel database upon which the analysis done by the MOH and DFID HR Project is based. A focus over the last six months was institutionalization of the personnel database into the Health Information Center. In addition, in order to modify and update the original version of the HR database, the reference directories or books for positions, specialties, structural units, educational institutions, territories, and qualification categories were developed. The process of collecting updated information for the 2002 human resources database from healthcare facilities in the oblasts and Bishkek began in January and concluded in the spring of 2003.

Health Information Systems

Over the last six months, ZdravPlus's focus supported the HIS Working Group, Health Information Center (HIC), and HIF in continuing to develop, implement, and institutionalize improved HISs. The National HIF and HIC continue to perform almost all routine operation and maintenance of the system; ZdravPlus is focusing on technical assistance for next generation elements of the system and enhancing use and analysis of data. ZdravPlus MIS specialists in Issyk-Kul and South Kyrgyzstan continued to provide technical assistance to the HIFs, the FGPA, and health providers on maintenance and implementation of the Health Information System; for example, by removing data-entry program malfunctions in the oblast health facilities and supporting FGPs in system development and operation. A ZdravPlus Computer Specialist in Issyk-Kul Oblast developed software to support the FGPA and organized a local network between the HIF and HIC.

ZdravPlus also enhanced other activities supporting HIS development and use, for example, supporting the HIC in developing a "Manual on Use of the Death Registration," and a "Manual on Life, Birth and Death Criteria" which was recommended by the WHO. ZdravPlus and a working group from the MOH prepared an information system for monitoring contraceptive use. A number of seminars on the issues

of statistics and analysis were conducted in the southern region of Kyrgyzstan, as it became a greater focus of HIS development. In collaboration with WHO, seminars related to ICD#10 were conducted in Chui, Talas, Issyk-Kul and Naryn Oblasts for psychiatry specialists.

Health Management

During last six months, 36 health leaders from Bishkek and oblasts' health facilities have been instructed in Health Management courses. The Heads of the Bishkek Family Medicine Center finished the "Health Management Course" (the series of modules resulting in certification in health management). This course was adapted for primary care leaders. The eighth class took place in May and coincided with the mission of the World Bank; the mission members participated by giving lectures to the auditorium. One of the emerging health reform challenges is SES reform and integration of public health functions. It is clear that health managers need to be instructed on public health issues as well. For this reason, public health topics will be integrated into the next courses, as a new module will be devoted to SES reform issues, health promotion, and public health management.

Improving Legislative, Regulatory and Policy Framework

Policy Dialogue and Development

Intense policy dialogue and development continued over the last six months. A number of mechanisms were used including both a broad policy Working Group where "brainstorming" sessions continued and a number of Technical Working Groups working on detailed technical and operational issues. The policy content is discussed in the relevant sections of the report.

Legal Framework

Over the last six months, the Kyrgyz health reform team and ZdravPlus (ZdravPlus lawyer and Socium Consult) engaged in intense work on the development of the permanent legal framework. A Concept on Health Financing in the Kyrgyz Republic until 2010 and five draft laws were developed and submitted to the Parliament and Government to begin the legal discussions. It is anticipated that intense discussions will occur over the next few months. The concept and five laws are:

- Concept on Health Financing System Reform for 2003-2006 and Health Care Development up to 2010
- Amended Law on Health Protection;
- Law On Healthcare Organizations of the Kyrgyz Republic;
- Law on a Single Payer in the Health Care System of the Kyrgyz Republic;
- Law on Guaranteed Benefits Package; and
- Amendments to the Law on Health Insurance

A new process for budget formation was developed, it moves from normatives based on physical structure inputs (beds, staff, etc.) to outputs including treated case for inpatient and services for one year for PHC (capitated rate). This budget process has been approved and over the next six months, ZdravPlus will provide technical assistance to form the 2004 budget.

In addition to intense work on development of the permanent legal framework, the ZdravPlus lawyer also contributed legal research, drafting, amending, and commenting on many regulations, a few exemplary ones include:

- A Draft Regulation on Osh City Merged Hospital was developed; recommendations were provided in relation to its registration in the Oblast Justice Department.
- A Draft Regulation on Attestation of Health Managers in the Kyrgyz Republic was developed for the MOH Human Resource Department.

- A number of meetings related to tobacco issues ended up with the Kyrgyz Republic Draft Law ‘On Making Amendments to the Kyrgyz Republic Law On Licensing’ in the part related to addition on trading with tobacco goods.
- Proposals were developed in relation to the founding agreement of the Kyrgyz Association of Public Health and the Charter of the Kyrgyz Public Health Association.

Policy Marketing and Public Relations

The MOH Press Center supported by ZdravPlus continued to perform the functions of MOH public relations and policy marketing. They monitor positive (and negative) coverage of health care reform. A few examples of their activities over the last six months include:

- Extensive publicity for the Health Reform Roundtable Resolution largely resolving the health reform crisis.
- Publicizing the State Benefits Program, including information from HIF specialists
- Wide coverage in the mass media of the USAID International Conference ‘Experience of Introducing the TB Control Program in Eastern Europe and Central Asia’ (DOTS strategy) which took place in Bishkek on January 14-16.
- Interview with MOH specialist in the newspaper Vechernii Bishkek on rational use of health resources in health care facilities of the Kyrgyz Republic.
- Organized a press conference on the ARI health promotion campaign (together with Republican Health Promotion Center, SES and USAID/ZdravPlus) and created a press release about the forthcoming anemia campaign.

ZdravPlus plans to support an intense effort over the summer to develop and implement a policy marketing strategy to inform the population in South Kyrgyzstan about co-payment and their rights.

Policy Analysis, Monitoring and Evaluation, and Research

As discussed in the Single-Payer section, the HIF is undertaking a large amount of monitoring related to single-payer implementation. This is resulting in documenting lessons learned and implementing refinements to improve the system. It is very institutionalized, as the HIF directly sees the benefit related to their routine operational work.

ZdravPlus continued its close collaboration with the WHO Evaluation Project over the last six months. Research on co-payments progressed. A major effort was undertaken with the HIF to develop a “public” hospital database for use in research. This effort removed individual identifier numbers and performed a number of edits to remove inaccurate data. Work began to analyze the database.

SES Reform

Based on a request from the SES, ZdravPlus organized a day-long roundtable attended by three Deputy Ministers including the person in charge of SES, the Director of SES and SES experts, Kyrgyz health financing experts, CDC, ZdravPlus, World Bank, and Pragma from the USAID-funded Trade and Investment Project working on WTO accession. The major topics were reorganization of the SES under reform, changes in financing for SES needed for reform, and the connection between SES and WTO accession. After a long discussion, it was generally agreed that SES would look at reorganizing to integrate functions (with possible pilots including TB, STIs, and Malaria), financing for SES must be addressed in order to do reform, and the situation with the relationship to WTO accession is clearer but very complicated and needs collaboration and work. The major questions were the separation of functions and relative roles of Kyrgyz Standard and SES and movement to international standards. The next step agreed upon was further meetings during the World Bank mission. In addition, the SES would develop terms of reference for further work.

World Bank Mission

This first mission following the resolution of the health reform crisis was important to gain momentum. ZdravPlus provided participants in the mission including Bruno Bouchet for the Quality Component, George Purvis for the Health Delivery Systems Component, Simon Smith for Health Information System, and Sheila O'Dougherty on policy and health finance issues. Overall, the results of the mission were positive as the health reforms are definitely moving forward again and much has been accomplished over the last few months. To the World Bank, the biggest issue is rationalization of health facilities in Bishkek City and redistribution of funds to the oblasts. This is difficult to accomplish before implementation of the single-payer system, which is beginning to move forward in Bishkek City (see above). The most likely outcome will be moving the project rating from unsatisfactory to satisfactory, releasing the equipment procurement stopped during the crisis for all areas but Bishkek and Osh Cities, and continuing to push for movement forward in both Bishkek and Osh. As always, ZdravPlus will continue to collaborate with the World Bank.

Regional Activities

A large delegation of primary healthcare leaders from the national level and Ferghana Oblast, Uzbekistan came to Kyrgyzstan to learn about urban PHC restructuring and financing. The Uzbek delegation intends to use these lessons learned to develop the urban PHC model and pilot in Uzbekistan.

UZBEKISTAN
Six-Month Report
January – June 2003

COUNTRY SUMMARY BY PILOT SITE

Ferghana

Over the past six months, most of ZdravPlus activities in Uzbekistan were focused in Ferghana Oblast on: 1) expanding PHC reforms to four additional rayons (current total is ten rayons); 2) preparing three new rayons to begin implementing PHC reforms in July; 3) developing an urban PHC reform model in Marghilon; 4) trainings for the School Health Curriculum; 5) strengthening of Health Promotion Working Group; 6) implementation of a new “Healthy Communities” Small Grant Program; 7) expanding the activities of health NGOs Network working to improve the population’s health knowledge and advocacy; 8) continuing the activities on quality improvement: developing quality standard and indicators on IMCI, hypertension and anemia; and 9) continuing the PHC Nursing training program.

Financial and management reforms for PCH are now effective in ten rayons in the oblast: Quva, Yozyovon, Beshariq, Toshloq, Okhunboboyev, Furqat, Uzbekistan, Olti Arik, Dangara, and Quvasoy. ZdravPlus staff are now working to prepare SVPs/SVPAs in three additional rayons to implement the reforms as independent juridical units, functioning with their own budgets based on a per capitated rate. ZdravPlus specialists are providing technical assistance in the selection of Financial Managers, and their attestation after the trainings. Technical assistance is also being provided to Head Doctors and local health department officials to implement these reforms. ZdravPlus also provided technical assistance to the Health Care Department of Marghilon city in developing an urban PHC Facility’s pilot model. The model is in the process of approval at the Oblast Health Care Department and the Ministry of Health.

ZdravPlus Health Education Team organized trainings for teachers from 54 pilot schools and 16 trainers from the Institute of Teachers’ Advanced Education and NGO representatives on First Aid lessons at the Ferghana Oblast Emergency Center and trainings on the second part of the Health Curriculum, which included such health topics as Nutrition, First Aid in Injuries, Infectious Illnesses, Body parts, Hygiene, Proper Use of Drugs, and Mental Health. The 16 trainers on the School Health Curriculum were also participants of the special interpersonal communications (IPC)/adult learning theory (ALT) trainings to improve their trainer skills.

Beginning in March, the Health Promotion Working Group (HPWG) was reorganized with new members joining it. Representatives from the Oblast Education Department, NGO Network, Mass Media, Oblast branch of Republican Health Institute, Youth Groups, Sports Program (SHEP), Peace Corps, and ZdravPlus are considered as regular members of the HPWG. The first joint event conducted by HPWG was organizing oblast-wide Health Fairs on the topic “Children and Environment” for World Health Day in the first week of April. These events were conducted jointly by schools, rayon health centers, NGOs, and mahallas, making it a big success.

In late May, ZdravPlus specialists organized a Team Building Retreat for HPWG members. The aim of this retreat was to pull the members of the HPWG together to work as one team, to establish and maintain partnerships among them, and to jointly plan health promotion events. As a result of a three day long retreat, the HPWG came up with a new name called “Healthy Future” and a six month plan of health promotion events that will be implemented collaboratively throughout the Ferghana Oblast. The first upcoming event will be an Anti-Tobacco Campaign that will take place in September.

In the beginning of the year, ZdravPlus, in partnership with Counterpart Uzbekistan, started a new “Healthy Communities” small grant program. The goal of the Healthy Communities Grant Program (HCGP) is to encourage the people of Uzbekistan to take greater responsibility for improving the health of their communities by providing funding to non-governmental and community-based organizations (NGOs and CBOs). During the first cycle of the grant program, the grant selection committee received

111 applications from NGOs and CBOs throughout Uzbekistan. On May 6, the committee, made up of local public health and NGO development experts, selected 13 awardees.

Ferghana Oblast Health NGOs Network continues to provide an opportunity for all the NGOs active in health to meet once a month to share information and experiences, discuss current common problems and needs, as well as new developments and strategies. Over the past six months, the Network in partnership with Health centers actively participated in health promotion activities on World Health Day (April 7, 2003). The Network was also awarded with a six month Healthy Communities grant for continuing the Anti-AIDS campaign, “No place for AIDS in Ferghana” and is also receiving additional funding from PSI for this effort.

The ZdravPlus Quality Improvement (QI) team continues to work on QI in three rayons of Ferghana Oblast: Quva, Yozyovon, and Toshloq (three pilot SVPs in each rayon, total of nine SVPs). Over the past six months, the QI team, working with the rayon pilot teams, developed quality standards and indicators on IMCI, hypertension, and anemia.

In the framework of the ZdravPlus nursing program, 78 visiting nurses in Yozyovon Rayon, 131 in Beshariq Rayon, and 152 in Quva Rayon were trained on improving their skills on home visits and on how to use nursing bags. Upon successful completion of the trainings, each nurse received a nursing bag. Each PHC facility in these rayons signed contracts obligating them to restock the nurses bags with necessities such as iodine and soap. In addition to this, PHC Nursing Specialists from each rayon in Ferghana Oblast continue to attend monthly trainings, which have included IPC and ALT, health promotion, and clinical skills.

Ferghana Oblast continues to be the primary pilot site for ZdravPlus in Uzbekistan. The overall focus of the activities undertaken by the Resource Use component in Ferghana was to: 1) consolidate further and sustain the rural PHC financing and management (F&M) reform processes already implemented in the three original experimental rayons and another three rayons (formerly “control”) included into the pilot last year; 2) roll-out successful elements of the rural PHC F&M reform model to four additional rayons; 3) continue to improve the knowledge and skills of the PHC managers; 4) provide TA in setting-up the computer centers and population databases in the new pilot rayons; and 5) collaborate with related authorities so that they take ownership of the reform process.

The Oblast Hokimiyat and Health Department are now much more supportive and committed to complete the rollout of PHC F&M reforms to all the rural areas within the oblast by this year. Currently, 10 out of 16 rayons in Ferghana are covered by the F&M reforms. If, by the end of last year, 23 percent of the total population of Ferghana Oblast was covered by the rural PHC financing and management reform, this coverage now stands at 40 percent. Three more rayons will come under the F&M reforms from July and the last three in October. Therefore, by the end of this year, ZP will have an oblast-wide coverage of the rural PHC F&M reforms in Ferghana. Success with the rural PHC reform model has prompted the Uzbek government to decide on its nationwide replication within the upcoming World Bank loan project (Health II). Another significant development that took place during the reporting period was the consensus reached by the city joint working group on an urban PHC model to be piloted in Marghilon City in Ferghana Oblast. Also, preparatory activities to initiate a pilot on computerized hospital information systems in two central rayon hospitals in Ferghana from July have been completed. This latter pilot will subsequently be linked to experimenting with new financing systems for the hospitals. The pilots on urban PHC and hospital systems are the groundbreaking initiatives in extending the current reform work on rural PHC to new levels of health care in Uzbekistan.

Andijon and Surkhondaryo

Preparatory activities to roll-out the rural PHC reforms to three rayons each in Andijon (Boz, Ulugnor and Hadjabod Rayons) and Surkhondaryo (Termez, Muzrabod and Djarkurgan Rayons) Oblasts during the reporting period included sharing of the F&M reform experiences in Ferghana, Navoiy and Sirdaryo pilot oblasts, implementation-review meetings with the oblast-level joint working groups, and development of the action plans for the current year. Also, rayon-wise financial data collection on the PHC expenditures in these two oblasts in 2002 and their preliminary analyses were completed. These

data, along with corresponding data for 2003, would be used to calculate the capitation rates. The local policy-makers and managers are enthusiastic about the expansion of rural PHC F&M reforms in their oblasts.

Navoiy and Sirdaryo

In Navoiy and Sirdaryo Oblasts, the Resource Use activities were focused on: 1) further refinement of health financing reforms in three pilot rayons; 2) continuation of capacity building of the new and existing financial managers and head doctors of the PHC facilities; 3) implementation of additional rollout of financing and management reforms to five rayons; and 4) improvement in collaboration with the local authorities. Allocations to the PHC sector registered further increase. The per capita normatives were adjusted for sex and age of the catchment's populations in Sirdaryo. Capitation rates in the pilot rayons in Navoiy and Sirdaryo this year are 1881 and 1923 UZ soums, respectively. In both of these oblasts, the local Hokimiyats and the Health Departments demonstrated increased support and commitment to the reform initiatives. As of now, 13 out of 18 rayons in these two oblasts have been covered by the F&M reforms. The rest of the five rayons will also be included by the end of this year.

SUMMARY OF IR ACTIVITIES

Population Involvement

ZdravPlus' population involvement activities over the past six months followed a two-pronged strategy, seeking first to educate the population about health and promote healthy behaviors and second, to empower them to be more involved in health care decisions for themselves and their communities. Health promotion campaigns, the distribution of print materials on health topics, and a dynamic program of interpersonal communications all contributed to a concerted effort to inform the public on critical PHC topics. The school health program for grades 1-8 is meeting with growing success and looks as though it might well be adopted as the national school health program.

The well-established small grants program is at the heart of the project's efforts to empower people to be more involved in health care decisions for themselves and their communities. This program received a new twist as the Healthy Communities Grants Program was launched in collaboration with Counterpart Consortium and the first round of grants was made. These grants are expected to be a powerful vehicle to help communities and other groups play a larger role in the health system, both as advocates for consumer needs as well as health educators. Work also progressed on the development of a groundbreaking Bill of Rights for clients. And work on the marketing of the health reforms for policy-makers and health workers made significant progress.

Health Promotion

"Let's Build Healthy Families" Health Promotion Campaign

ZdravPlus was finally able to launch its campaign on family planning in Ferghana in late April, after four months of discussion at the highest levels of the MOH and in the Cabinet of Ministers about whether the soap opera "Family Happiness" could be aired on TV. The campaign materials had been developed with a distinguished advisory committee and had been extensively pre-tested with the population and approved by the MOH before going into production. Nevertheless, when the Deputy Minister for MCH received the final products, he requested that ZdravPlus show them to the Cabinet of Ministers. Project staff was then informed that the soap opera was not appropriate for broadcast, although the precise reasons were not clear. After months of discussion, one episode about condoms was cut and, even then, the Art Board of the national television station asked for further cuts before it was prepared for broadcast. Finally, ZdravPlus decided to air the materials in Ferghana only and to abandon efforts at national broadcast.

Once launched, the "Let's Build Healthy Families" campaign, like the earlier health promotion campaigns, proved to be very successful and did not generate any adverse public reaction. Ferghana Oblast's health centers and NGOs conducted coordinated campaign kick off ceremonies in their rayons

and in Ferghana city, with minimal support from ZdravPlus. For the duration of the six week campaign, health centers, NGOs, SVPs and others conducted a range of interpersonal communications activities around the oblast and distributed the poster and brochure developed for the campaign. The soap opera was broadcast 17 times on three Ferghana TV stations, accompanied by 650 minutes of airtime for the six TV spots and 165 minutes for the radio spots. TV and radio spots were broadcast 4-6 times a day. Four newspaper articles and six print advertisements reinforced the campaign's key messages in Ferghana newspapers. It is estimated that at least 1-1.2 million people in Ferghana Oblast were reached through TV, radio, newspapers and IEC materials.

Preparations for "Breastmilk is a Gift of Nature" Campaign

Project staff worked on the development of a health promotion campaign on breastfeeding, planned for the summer. This campaign is part of the project's support for the IMCI program, but the need for the campaign also emerged from the 2001 anemia campaign, which revealed numerous poor practices with respect to breastfeeding and complementary feeding—most significantly, very low levels of exclusive breastfeeding, even in the first few weeks of life. The objectives of the campaign are to increase the percent of the population who know that most mothers have enough breast milk to exclusively breastfeed an infant, that babies need all types of breast milk (both thick and thin), and how to properly attach an infant to the breast. With the help of an advisory committee, comprised of representatives of the MOH, the Institute of Pediatrics, the Institute of Health, TashPI, NGOs and others, ZdravPlus developed the products for this campaign. These include a two-part soap opera titled "Firstling," four TV and radio spots, four newspaper articles, four print advertisements, a brochure and a poster on breastfeeding and a leaflet and a poster on proper attachment. These materials are ready for approval by the MOH. Unfortunately, ZdravPlus is encountering unanticipated problems with its subcontractor, the advertising agency that develops most of the project's mass media products, which is restructuring. The campaign is likely to be delayed beyond the summer while these issues are resolved and a new subcontract is negotiated.

Interpersonal Communications Skills (IPCS) Training

From the beginning, ZdravPlus wanted to strengthen the role of SVPs as information resource centers in their communities. One key strategy to achieve that is to improve interpersonal communication between health workers and the public. Last November, ZdravPlus conducted a regional TOT in Almaty on IPC to prepare trainers who would help health workers relate more effectively to the population, through strengthened counseling and education skills. Materials from the TOT in Almaty were translated into Uzbek and, over the last six months, a total of 23 three-day trainings were conducted for 370 participants including: SVP doctor-nurse pairs from seven Ferghana rayons, health center and NGO staff from the entire oblast, rayon nursing specialists and others. The trainers—all graduates of the Almaty TOT—were from the Institute on Health, the Institute of Pediatrics, health centers, SVPs and NGOs. The initial trainings generated a large amount of enthusiasm that led to many requests from the Oblast Health Department and central rayon hospitals to train various cadres, which ZdravPlus did its best to accommodate. There were large gains in participants' understanding of IPC, which increased from 36 percent at the time of the pre-tests to 93 percent at the post-tests.

ZdravPlus also met on several occasions with the rector of the Tashkent Institute of Advanced Medical Education (TIAME) to familiarize him with the IPCS strategy, training course and materials with a view to institutionalizing IPCS training in the 10-month GP training course. As a result, it is now planned for ZdravPlus master-trainers to conduct a 10-day TOT for selected GP trainers from TIAME in July and these new trainers will train GP trainers from other medical institutes of Uzbekistan, with support from the master-trainers. The IPCS curriculum has been slightly modified for this institutionalization effort and will be approved by the Ministry of Higher and Specialized Education before the training is rolled out, starting in September.

Health Centers

The ZdravPlus Ferghana office began working with two trainers from the Ferghana Oblast branch of the Institute on Health, who had participated in the Almaty TOT on IPCS, helping them conduct monthly half-day seminars for health center staff on such topics as how to conduct health fairs, IPC skills, ALT skills, contraception, general hygiene, and breastfeeding. Each rayon health center sends

three or four staff members to these monthly trainings where they learn new interactive ways of conducting “community conversations” about health for the population and SVP staff.

To strengthen coordination among the members of the Health Promotion Working Group (HPWG) in Ferghana, in late May, ZdravPlus organized a team-building retreat for the group. As a result of the three-day retreat, the HPWG established goals and objectives and developed a six-month plan for health promotion events that they expect to implement collaboratively throughout Ferghana Oblast. The first joint event will be an anti-tobacco campaign that will take place in September.

School Health

Teachers from 54 pilot schools in Ferghana Oblast and 5 pilot schools in Andijon Oblast were trained to use the second part of the school health curriculum developed by ZdravPlus and CAFE's Andijon Development Center. In addition, 16 trainers from the Institute of Teachers' Advanced Education (Retraining Center for Teachers) and NGO representatives working in schools were trained as trainers for school health. This part of the curriculum includes lessons on nutrition, first aid and injury prevention, sanitation and hygiene, proper use of medications, substance abuse, reproductive health, AIDS, and how to conduct health fairs. The sessions on first aid were conducted by trainers from the Ferghana Oblast Emergency Center who were trained under the USAID/AIHA Emergency Care Project. The 16 trainers on the health curriculum also participated in trainings on interpersonal communications (IPC) and adult learning theory (ALT) in order to improve their skills as trainers.

ZdravPlus specialists on health education also provided technical assistance at the training conducted by the Republican Institute on Health in Tashkent for the WHO School Program on Healthy Schools Network. Almost all oblasts sent representatives from one pilot school, which will work on this program and ZdravPlus conducted a daylong workshop for them on how to organize a health fair.

Other Health Promotion Activities

- The Institute on Health and Project Health approached ZdravPlus with a request to help organize a national health promotion conference in September where Institute on Health branches would learn about the work of the health centers in Ferghana Oblast. Project staff has been working with the MOH, the republican Institute and its Ferghana affiliate to plan the conference and mobilize funds.
- During January and February, mass media materials from the “Protect Your Child from Pneumonia” campaign were broadcast nationwide. The soap opera “Goldfish” was broadcast twice on national TV and 2-3 spots per day were broadcast over a period of several weeks.
- A brochure and poster on HIV/AIDS aimed at the general public were finalized consisting of 160,000 copies of the brochure and 10,000 copies of the poster. They were printed and distributed through SVPs, health centers and NGOs. After many months of discussion with the SES, a “compromise” HIV/AIDS poster for health providers was agreed to in order to help them protect themselves and their patients from HIV infection. The poster for health providers is currently being pre-tested with target audiences.
- A brochure on hypertension for the general public was finalized, pre-tested and produced. 160,000 copies of the brochure were printed and distributed to the general public through SVPs, health centers and NGOs.
- A number of health promotion materials were reprinted and distributed to SVPs whose stocks have been running low: 50,000 copies of two brochures on anemia and nutrition for the general public; 5,000 copies of a booklet on anemia and nutrition for health workers; 30,000 copies each of brochures on ARIs, diarrhea and hygiene; 5,000 copies each of posters on anemia and nutrition, ARIs, diarrhea, IMCI danger signs and hygiene; and 50,000 copies of the TB brochure—reprinted in time for World TB Day.

Empowering the Population

Building Support for the Reforms

The strategy developed by ZdravPlus and Project Health to build support for the health reforms calls for a two-phase effort. Phase one focuses on educating policy-makers and health workers themselves about the reforms. Phase two will be aimed at the general population.

After an extended period of research and preparation, work on marketing the reforms finally came to fruition. For phase one, three products have been developed. First, a paper explaining PHC and comparing programs in six countries was drafted for ZdravPlus by Boston University School of Public Health over a year ago. This has been adapted, translated into Russian and produced as an attractive monograph. It is hoped that this publication will help policy-makers in Central Asia gain a better understanding of PHC and provide them with a framework for decision-making to strengthen PHC in their own countries.

The other two products are a booklet and video aimed at policy makers and health workers involved in implementing the reforms—rather than those shaping the reforms. Working closely with an advisory committee from various departments of the MOH, from Project Health, the MOF and Ferghana Oblast, ZdravPlus developed the text of the booklet and a video script. These materials are currently in the approval process by the MOH and the MOF and it is hoped to go into production in July.

Finally, the ZdravPlus population involvement staff has been actively engaged in discussions about initiating free enrollment in Ferghana, which will hopefully take place later this year.

Client Bill of Rights

ZdravPlus started work on the development of a Client Bill of Rights. It undertook research on patients' rights in Uzbekistan and internationally and went through a consultative process in Ferghana to identify key issues related to clients' rights. With clients' permission, ZdravPlus observed SVP clients as they went through a clinic visit to see their experiences and then conducted exit interviews with them to see what they liked and disliked during their visit. A dozen focus group discussions were conducted with patients, nurses, doctors, and policy-makers to find out how these different groups perceived clients' rights. Based on this, a Client Bill of Rights and Responsibilities is currently being drafted.

NGOs and Community Involvement

In January 2003, ZdravPlus, in partnership with Counterpart Consortium, started a new small grant program, the "Healthy Communities Grant Program" which will provide small grants to non-governmental and community-based organizations (NGOs and CBOs) around the country, which are working to improve the health of their communities through health promotion and community development. This program builds on the successes of the well-established grant program in Uzbekistan, but now operates in five Central Asian countries. In the first round, 111 applications were received from NGOs and CBOs throughout Uzbekistan. The grant selection committee, made up of local public health and NGO development experts, selected 13 proposals for funding. Notable projects include: the Anti-Cancer Society of Uzbekistan in Tashkent, which will train general practitioners from Tashkent polyclinic N33 on early diagnosis of cancer and pre-cancer diseases and conduct seminars for community members with the aim of raising awareness of cancer; the Ferghana Oblast NGO Network which will conduct a public awareness campaign on HIV/AIDS; the NGO Barchinoy in Samarqand will organize seminars for girls from three orphanages on reproductive health and rights, STIs and AIDS prevention; and the NGO Ayol va Zamon in Baghdod Rayon of Ferghana Oblast plans to improve the drinking water and will provide health education on general hygiene and sanitation related to keeping water sources clean.

The Ferghana Oblast Health NGO Network provides an opportunity for all the NGOs active in health to meet once a month to share information and experiences, discuss common problems and needs, as well as new developments and strategies. In the past six months, the Network, in partnership with health centers, organized health promotion activities on World Health Day (April 7, 2003). The Network also was awarded a six-month Healthy Communities grant to continue its campaign to combat AIDS in Ferghana titled, "There is no Place for AIDS in Ferghana." They are also receiving additional support from PSI for this effort.

Quality Improvement

ZdravPlus continues to provide support the DFID-assisted GP training, particularly by enabling GP trainers and GPs to practice their newly acquired skills with real patients in a supervised setting. An exciting new development is the anticipated launch of a GP association to help advocate for the emerging cadre of GPs and to serve as a vehicle for continuing medical education for the GPs. The association prepared its first bulletin, which is currently at the printer. Project efforts to upgrade the skills and the status of nurses are also gaining momentum, with a highly-acclaimed training course for patronage nurses, where they are awarded nursing bags upon successful completion of the course. ZdravPlus also played a large role in organizing a policy-oriented nursing conference with the Republican Nursing Association. Short-term training courses also continue on IMCI, reproductive health, anemia and rational nutrition, laboratory skills and other topics as special needs emerge. ZdravPlus is now conducting fewer short courses for front-line health workers and is working closely with TIAME and the medical institutes to institutionalize them in postgraduate—and sometimes undergraduate—medical training.

Quality improvement activities have been gaining considerable momentum, with the establishment of a high-level Republican Working Group on Quality and steady progress with the three Quality Improvement Pilots in Ferghana. In addition, the Regional Quality of Care Director has taken the lead in establishing the new EBM Center in TIAME and has helped the center's staff gain some understanding of EBM and how to gather and review evidence. That center is now working on the development of clinical practice guidelines.

Family Medicine

GP Retraining

To support the planned rollout of the PHC reforms to Andijon and Surkhandaryo, ZdravPlus supported the participation of 19 family doctors from Andijon and 20 from Surkhandaryo in the 10-month GP training course. The course ended in June and exams are due to follow in July. The doctors from Surkhandaryo have proven very enthusiastic about the training and were delighted to receive a bag with basic diagnostic equipment and a good family medicine textbook (Murtagh, translated into Russian) in May, presented by ZdravPlus. This was followed by a seminar that trained doctors how to use the new equipment.

In order to give a deeper understanding of the reforms to the Surkhandaryo GPs-in-training, a trip was arranged for them to see the initial ZdravPlus Ferghana pilot sites where they could see for themselves how the reforms have affected primary health care in these areas. They were also able to visit the ZdravPlus office in Ferghana and were involved in discussions about the reforms and their impact, especially with regard to the financial aspects.

As a support to the current cohort of doctors studying to become GP trainers (who will be the first group not to be funded by the Health Project to attend any practical training in the UK), Dr Peter Campbell, the ZdravPlus Medical Education Director, began to hold seminars on clinical cases, seeing patients attending the polyclinic attached to the TIAME GP Training Center. This was done on a bi-monthly basis and provided additional practical clinical training for them.

A conference on Faculty Development was held with ZdravPlus sponsorship at the Tashkent MI 2 on May 12. Dr Campbell and Dr Bruno Bouchet, both representing ZdravPlus, gave presentations on modern approaches to ensuring high quality medical education at the undergraduate level. This was followed shortly afterwards by another faculty development conference in Bishkek organized by AIHA, where the focus was on promoting the OSCE- Objective Structured Clinical Examination. This proved very helpful for the future development of training materials for ZdravPlus representatives who attended.

Mini Residencies at the Tashkent International Medical Clinic (TIMC)

The need to support GP trainers is ongoing, and more so as some of them are leaving the training program to find work elsewhere. Thus, ZdravPlus continues to support the highly regarded training

program at the TIMC and has funded an average of one per month over the last six months. An additional 15 SVP doctors from Ferghana Oblast also received two weeks of training there.

Mini-Residency Program at the Family Medicine Centers in Bishkek and Osh, Kyrgyzstan

In addition to training at the TIMC, ZdravPlus arranged to send GP trainers to both Osh and Bishkek for a month long residency supervised by STLI. Six trainers went through the Bishkek residency in recent months, and thanks to good feedback from all concerned, has led to this program evolving into one which is of great practical benefit to the attendees. The last two participants each saw almost 140 cases, many of them together with expatriate STLI family medicine consultants. However, staffing problems and mediocre reviews from the first two participants in Osh led to this site being discontinued.

GP Association of Uzbekistan

Newly trained family doctors require a national organization to represent them and ZdravPlus is playing an instrumental role in helping to develop such an organization in the form of a GP Association of Uzbekistan. It is hoped that this organization will represent GPs at the highest levels, facilitate ongoing education and disseminate information on new medical advances, ideas and clinical guidelines. This will motivate and encourage the first cadres of GPs. Some difficulties in establishing the GP Association as an independent one have occurred, and the GP Association may well have to be formed as a branch organization of the Physicians' Association of Uzbekistan (as has happened in China and India).

The GP Association Bulletin is now complete, translated into Russian and Uzbek, and is currently being printed with the financial support of Project Health and the Ministry of Health. Three thousand copies of the first edition are planned.

In cooperation with the Association, ZdravPlus conducted a survey of SVP doctors assessing their needs for continuing medical education. Some of the more interesting results are shown below:

Survey Question	Answer	Percentage (total 129 respondents)
When did you last receive any information about a change in medical standards for treating patients?	Last Year	39.5
Do you think you need to receive more regular educational information about medical advances?	Yes	93.8
If so, how often?	Every Week	40.3
	Every Month	40.3
If so, where would you be able to go to receive such information?	Central Rayon Hospital	79.8

The results above illustrate how a regular medical bulletin delivered to doctors at central rayon hospitals will meet many of the perceived needs of the SVP doctors.

Therefore, ZdravPlus is working with the GP Association to distribute copies and held a one-day seminar to train 16 recently designated Rayon Medical Specialists in Ferghana Oblast to act as facilitators for groups of doctors when they meet to study the journal at their monthly Central Rayon Hospital meetings. This will be a means by which the doctors will be able to avail themselves of up to date clinical information and guidelines, and will contain a continuing medical education module that may be accredited internally by the organization. At a later stage, these CME modules may also achieve accreditation by the newly forming Commission on Medical Staff Licensing and Attestation.

The annual GP Association conference was sponsored by ZdravPlus and took place in April. It was attended by a number of international delegates. The GP Association of Uzbekistan explained their

progress and challenges, which were followed by a fruitful discussion about the experiences of GP Associations in the other CAR countries.

PHC Nursing

Over the last year, ZdravPlus has been working with CAFÉ Beshariq in training PHC nurses at the Ferghana pilot sites. From this experience, ZdravPlus has been able to lobby the Ministry of Health, resulting in several discussions to improve nursing education and create a viable environment for nurses. At the end of June, ZdravPlus, together with the Republican Nursing Association, held a PHC nursing conference in Andijon. The first day included presentations from ZdravPlus, CAFÉ, and MASHAV. The head of the Ferghana Oblast Health Department discussed the nursing project in Ferghana and the nursing specialists presented their activities and the barriers and obstacles they face fulfilling their new positions. The second day involved a field trip to Yozyovon rayon to visit a nurse specialist training, attend a home visit with a trained patronage nurse, and tour the SVP. The participants were extremely interested in the health reforms and the changes that occurred at the SVP. Three working groups were held on nurse and doctor relationships, nursing education, and policy environment. Recommendations will be presented to the government in early July. ZdravPlus will follow up in Andijon in establishing a nurse specialist position and will conduct further training and meetings to support nurses.

To assist the patronage nurses from SVPs in their duties, ZdravPlus produced visiting nurses bags. Each bag contains needed materials in conducting home visits such as blood pressure cuff, stethoscope, thermometer, baby sling and scale, and first aid materials. Over 350 patronage nurses from Quva, Beshariq and Yozyovon received the bags after they completed a three-day clinical course conducted by CAFÉ Beshariq. The course taught clinical skills such as patient assessment, how to take a blood pressure and temperature, as well as baby examinations.

Under a subcontract from ZdravPlus, CAFÉ is producing lesson plans for a clinical training manual for nurses that will assist in future trainings. CAFÉ will also produce a training manual for midwives that will address problems and issues during pregnancy and concentrate on preventative care.

In addition to training patronage nurses, ZdravPlus worked with the Oblast Health Department to create a new position at the rayon level, a PHC nurse specialist. In Ferghana Oblast, there is a nurse specialist in each rayon who received a nurse bag and attended the three-day clinical training. They continue to meet and participate in monthly meetings with other specialists to update skills, learn additional health information, teaching techniques, and develop lesson plans. This provides a venue for continued medical education and will continue until the end of the year. The meetings are usually held by international health experts from CAFÉ.

Integrated Management of Childhood Illnesses (IMCI)

The shift in ZdravPlus focus to institutionalization has been very apparent in the IMCI training program. In addition to the ongoing training and follow up monitoring of doctors in Ferghana Oblast (76 doctors trained in the last six months), ZdravPlus, with the help of the Tashkent Pediatric Research Institute, and in cooperation with Project HOPE, has almost completed institutionalizing the course into all the Medical Institutes of Uzbekistan. TOT courses have now been organized by ZdravPlus for teachers from Tash MI 1 and Tash MI 2, Tash PMI and Andijon MI. Each of these institutes has received all the necessary supplies of teachers and students manuals, timers, wall charts and an electronic version of the manuals. The remaining two institutes in Samarqand and Bukhoro have been covered by Project HOPE. Discussions with the Tashkent Institute of Advanced Medical Education (TIAME) have revealed that they require a shorter course than the current full 11-day one. In this regard, ZdravPlus is in agreement with the Tashkent Pediatric Research Institute, who are now revising the current 11-day course and compressing it into five days (as requested also by all the Medical Institutes as more appropriate for training their undergraduate students). ZdravPlus will work to help disseminate this new course to the medical institutes including TIAME.

In this way, ZdravPlus envisages that IMCI will soon become familiar to all the doctors of Uzbekistan, and most importantly to all those currently entering service.

One of the hurdles in the introduction of family medicine to Uzbekistan is the gap between primary healthcare and hospital medicine. In order to narrow this gap, ZdravPlus believes it is essential to develop programs that bridge the gap. Therefore, ZdravPlus has been a strong advocate for the idea of developing a new IMCI module for hospital level staff. This involves adapting the original WHO standard hospital module to the reality of conditions in Uzbekistan. ZdravPlus held three meetings with Project HOPE, the IMCI Center, and IMCI center trainers from the oblasts and representatives from the medical institutes. As a result, it was decided to assign each organization and institute a part of the module to develop. This is planned to be completed in fall 2003, after which time ZdravPlus will support its introduction to key hospital facilities.

In March, ZdravPlus participated in a midterm review conference of the IMCI strategy, with WHO/Europe, and presented the results of its work. A national strategy for IMCI expansion in Uzbekistan was developed during the course of the event. This called for increasing the number of children who have access to correct nutritional practices, and for the education of healthcare workers and the population in healthy childcare practices related in particular to infectious disease prevention. IMCI has been shown to decrease mortality and morbidity rates where it is correctly practiced in children under five years of age, and the goal set by the conference is to decrease mortality rates by 50 percent by 2010, expanding the program to the whole country.

The ZdravPlus training module for medical education was signed by First Deputy Minister Asadov in January 2003, officially accrediting the program by the MOH. This may well lead to a push to institutionalize the program at a later date. Sufficient training materials will be needed for such a step, and further planning is needed before this is implemented.

Reproductive Health

Working in collaboration with UZMPA and the Reproductive Health Center, ZdravPlus conducted eight training courses for 87 health workers on family planning in Baghdad and Rishtan rayons of Ferghana Oblast. The trainees also received follow-up visits at their worksites a couple of months after the training to assess their knowledge and skills and reinforce the content of the training. That brings the total number of Ferghana health workers trained in reproductive health to over 650 in the last three years. Eleven rayons have been covered. The courses conducted during the past six months were as follows:

- Two eight-day courses for 12 ob-gyns, including IUD theory and practice. The average pre-test score was 54 percent and this increased to 83 percent at the time of the post-test.
- Two five-day contraceptive technology update courses for 22 SVP doctors. Their average scores rose from 40 to 76 percent.
- Four five-day courses emphasizing counseling skills for 53 nurses and midwives. Their average scores increased from 41 to 86 percent.

A report was also finalized and distributed on “The Results of Reproductive Health Training in Seven Ferghana Rayons, 2001-2002.” This report examines the changes in health worker’s knowledge and skills when they started RH training, at the end of the training, and at the time of the follow-up visit.

During Project Year 4, ZdravPlus is shifting strategies, away from large numbers of training courses in the field, to institutionalizing RH training at TIAME, so that all doctors receiving GP training will go through the course. TIAME has agreed to include a strengthened RH training course in the 10-month GP training and ZdravPlus has been working with TIAME to make some adaptations to the SVP doctors’ training curriculum for this purpose. A training of trainers is planned for the summer, with ZdravPlus providing support for the new GP trainers as they teach the course during the coming academic year.

There was considerable work on the preparation of a pilot project to train midwives to provide IUD services—a project modeled on the successful one in Jalalabad Oblast, Kyrgyzstan. Yazyavan and Sokh rayons in Ferghana have been identified as the pilot sites, largely because they have few ob-gyns. A preliminary assessment was conducted in these rayons, estimates obtained for the purchase of IUD kits,

arrangements made for a continuous supply of all contraceptive methods, a prikaz drafted to authorize the midwives to provide these services (otherwise illegal), and considerable time was spent in policy dialogue. The policy dialogue continues in an effort to ensure that the MOH issues a prikaz guaranteeing the concept of voluntarism, which is of crucial importance to ZdravPlus.

In preparation for training on Safe Motherhood/PEPC, ZdravPlus collaborated with Project HOPE on the translation of the WHO manuals. An Uzbek glossary was developed and WHO's manual on neonatal care and breastfeeding was translated into Uzbek. It is hoped to start the pilot project toward the end of 2003.

The USAID-donated contraceptives continued to be distributed in the three pilot rayons of Ferghana. The following table shows the quantities of each method originally available, the quantities used in the first 18 months of distribution and estimates of how long the current stock will last, if current patterns of consumption continue. As can be seen, stocks of IUDs are running out, as of this writing, but the Oblast Health Department has agreed to continue supplying the three pilot rayons through the current ZdravPlus distribution system, which ensures that SVPs have a continuous supply of all contraceptive methods.

Method	Original Stock	Stock Used	Current Stocks
		Oct. 2001 – March 2003	Estimated to Last...*
Lo-Femenal (cycles)	152,400	21,775	146 months
Depo-Provera (vials)	28,000	16,700	16.5 months
IUDs (pieces)	24,800	14,600	2.5 months
Condoms (pieces)	42,000	29,600	7.5 months

* From March 31, 2003

In the past six months, ZdravPlus and the SVP Association monitored the contraceptive distribution system and conducted three one-day refresher trainings for new midwives and rayon staff as well as others who did not seem to have a good understanding of the system.

The project's Reproductive Health Specialist was also active in supporting the Quality Improvement project on anemia in women of reproductive age and played a large role in the discussions to get approval of ZdravPlus' family planning campaign materials. Towards the end of the six months, unfortunately, she resigned to accept a position with UNFPA, so that RH activities will slow down over the summer months while a replacement is found and trained.

Anemia and Rational Nutrition

ZdravPlus continues to prioritize its aim of institutionalizing this module into the system of medical education in Uzbekistan. In order to achieve this, the training module was accredited by the First Deputy Minister Asadov and TIAME. With this approval, ZdravPlus has, in the last six months, trained 68 medical institute teachers at the medical institutes of Bukhoro, Samarqand, Andijon and the Tashkent Pediatric MI.

Together with previous trainings at Tash MI 1 and 2 and TIAME, this means that all of the training institutes are now using this module to train their students, both in the postgraduate ten month training programs and also at the undergraduate level. By February 2003, 180 students had been trained in this module at the medical institutes as a result of the ZdravPlus institutionalization efforts.

Hypertension Training Module

Management of hypertension in Uzbekistan often relies on injectable medications. It is a condition that, if improperly managed, results in the acknowledged high rates of cardiovascular disease and strokes among, in particular, the male population of Uzbekistan (according to WHO statistics, male Uzbeks are dying on average 15 years earlier than those in the West).

ZdravPlus continues to research and develop a training module to address this issue. Beliefs long held are proving challenging to overcome, and this has led to a longer than planned time needed to develop the module in a way that is appropriate and acceptable to both the experts and to those at the primary health care level.

The module is now finalized, and a trainer's manual is being completed. As a result of testing, some modifications are now being made. Full training will commence in summer 2003 to complement the work in the regions where the Quality Improvement processes are being developed in the pilot rayons of Ferghana Oblast.

Pharmacy

ZdravPlus' pharmacy specialist visited Uzbekistan to conduct a drug pricing and availability survey in Ferghana, Navoiy and Syrdaryo. The data is currently being analyzed.

The young Drug Information Center in Ferghana is beginning to be known as a source of good evidence-based information about pharmaceuticals. It now receives calls daily from doctors, rayon staff, the Emergency Center and elsewhere. The most frequently asked questions are on instructions for various drugs, antibiotics, and how to manage hypertension, hepatitis and other diseases. They also provided training for doctors on antibacterial therapy in treating hospital infections and antibacterial infection in treating TB. Center staff also helped doctors from the Oblast hospital learn how to conduct Internet searches for information about medical topics. They also started work on treatment standards for Emergency Centers, which will be disseminated to city and rayon affiliates of the Oblast Emergency Care Center.

Two drug bulletins were prepared, printed and distributed to inpatient and outpatient facilities, including SVPs, throughout Ferghana Oblast. They included articles explaining formularies, about sepsis, use of analgesics, antibacterial drugs to treat infections in hospital settings, and "fake" drugs.

Laboratory Training Module

If the reformed system of family medicine in Uzbekistan is to have an impact, the services provided by family doctors must be valued by the population. ZdravPlus sees laboratory services as vital to this and has therefore continued to provide training to key laboratory workers in the pilot rayons of Ferghana.

As the training has progressed and undergone evaluation, it has become clear that there are a number of problems, not the least of which is the provision of essential services to the SVPs. In the winter months, there is often only temporary access to electricity (needed for the lamps of the microscopes), and to water, which makes cleaning and sterilization of equipment problematic.

ZdravPlus has provided all the reagents and equipment necessary for each laboratory where it provides training to the staff, and with the training of a further six staff in the last six months, ZdravPlus will learn more about the impact of the training and how to address the obstacles that are found.

Cooperation with Operation Provide Hope

When the US State Department agreed to supply Uzbekistan with a significant amount of medical equipment (Operation Provide Hope), ZdravPlus was contacted to provide logistical and technical support. Assistance was given to help facilitate the delivery of medical diagnostic bags to specified primary health care facilities in cooperation with the oblast health departments of Andijon and Ferghana. In addition, Dr Campbell made a trip to Andijon where he conducted a training seminar on the use of the Operation Provide Hope equipment for 20 of the SVP doctors who had received the equipment and who are currently undergoing the 10-month GP retraining program funded by ZdravPlus. Additional training will take place at SVPs that received equipment.

Promoting Evidence-Based Medicine and Developing Clinical Guidelines and Protocols

Much progress was made during the past six months: the foundations of a future Evidence-Based Medicine Center were built and the work on guidelines started.

After a thorough situational analysis, ZdravPlus identified the Tashkent Institute for Advanced Medical Education as the best place to build the capacity in evidence-based medicine. Within the Department of Health Economics, Management and Organization of Health Services, ZP installed three computers with related equipment to allow the retrieval and review of scientific evidence through the Internet. Four part-time staffers have started work on the development of guidelines under the supervision of the head of the Department. All staff members were trained in computer skills by IREX, two of them participated in the Russia study tour (see regional activities), and all of them (plus three other Uzbek counterparts involved in the development of guidelines) were trained in EBM in Almaty (ZdravPlus/DFID joint activity). One ZdravPlus methodologist from Kazakhstan came for one week to provide the needed technical assistance to organize and start the work on guidelines. Two research grants have been allocated by ZdravPlus for the delivery of evidence-based clinical practice guidelines on hypertension and on anemia. Two Republican working groups have been established by Prikaz to oversee the guidelines development process and validate the two guidelines.

Over the next two years, ZdravPlus plans to support guidelines development in a way that promotes ownership from the Uzbek MOH. This will require initiative and completion of activities before additional work or assistance can be provided; for instance, bringing in an international consultant after the center has developed a guideline and paying grants once a satisfactory product is completed.

Specific Quality Improvement Activities

ZdravPlus strategy is to demonstrate the added value of modern QI through pilot clinical care improvement projects, while defining the content of care through review of the scientific literature using EBM and building quality management capacity at all levels.

Quality Improvement Projects in Ferghana Oblast

The three quality improvement projects (QIPs) in Ferghana continued to make progress on the logical steps to improvement. These projects aim to improve the quality of care provided with respect to iron-deficiency anemia in women of reproductive age, management of hypertension, and IMCI.

- Standards of care (both process and outputs/outcomes) have been finalized for iron-deficiency anemia in pregnant women, adult hypertension, and childhood diseases addressed by IMCI at the SVP level. These standards make the performance expectations explicit from providers and their staff.
- A quality monitoring system has been developed that measures the level of achievement of and compliance with the standards. Indicators are identified (15 for IMCI, seven for anemia, and nine for hypertension) and forms developed to help staff collect data and compute the indicators. We opted for a self-monitoring system as a way to motivate and sustain commitment, rather than the traditional external inspection that leads to hiding the problems.
- The staff of the nine SVPs and one polyclinic started to collect the information from January 2003. The results were presented during a workshop and many problems are found with the monitoring process itself. These problems are being addressed with the technical assistance of the ZdravPlus quality expert in Ferghana.
- Based on preliminary results, the three Quality Improvement teams started a root-cause analysis of the issues that limit (or prevent) the delivery of care according to standards. A problem matrix and a solution matrix were developed during a specific workshop and teams are finalizing their analysis while implementing the easiest solution. It is expected that after some time ZP will be able to document the full story and better understand what system changes are most effective to improve quality of care for these targeted groups of patients.

While the teams are working at the facility levels, ZdravPlus initiated the scaling-up of the improvement efforts through the distribution of standards to all SVPs in the three rayons of Yozyovon, Toshloq and Quva. The strategy is not to wait for the pilot SVPs to complete their improvement cycle, but to diffuse best practices as progress is made so that more patients benefit from it and other SVPs do not have to

reinvent the wheel or develop different standards. Standards were presented by the relevant chief specialist during the regular meeting of the heads of SVPs at the rayon level. The same process will take place for the monitoring system once it is validated.

The next step of the facility-level improvement strategy in Ferghana is to better involve the hospitals. ZdravPlus is discussing with the Oblast Health Department and carrying out a quality assessment survey at this level.

Building Capacity in Quality Management at the Republican Level

On the request of ZdravPlus, the First Deputy Minister Asadov issued a prikaz establishing a Republican Working Group on Quality. This group is made of 15 members, all senior decision-makers and influential leaders in their respective clinical specialties. This allows us to have some partners at the central level whose skills and understanding of modern quality improvement activities need to be developed. This is a long-term objective in Uzbekistan.

ZdravPlus conducted a three-hour sensitization workshop on March 27 for this group (and an extended audience). Dr. Asadov attended this event, which was reported in the local newspaper.

Over the next two years, ZdravPlus plans several events that will expose the group to the field of QI and the realities of its application in Uzbekistan such as:

- Quarterly meetings on different topics (QIPs in Ferghana, EBM, etc.);
 - Participation in regional and international conferences on quality;
 - Participation in the QIPs and workshops in Ferghana;
 - Starting QI projects in their own institutions; and
- Looking at the legal framework and regulations to promote quality improvement.

Improving Resource Use

Over the past six months, health financing activities have focused on: 1) consolidating the rural PHC financing and management (F&M) reforms in 14 old pilot rayons and supporting their expansion to a total of nine new rayons in Ferghana, Navoiy and Sirdaryo pilot oblasts; 2) installing the Financing Software in the three pilot Oblast Health Departments (OHDs) and providing hands-on training to the financial managers on practical use of the computerized software to track fund receipts and expenditures of the PHC facilities in the pilot rayons; 3) implementing preparatory activities in two additional oblasts (Andijon and Surkhandaryo) as part of the national roll-out of the PHC F&M reforms; and 4) designing the urban PHC reform pilot in Marghilon City in Ferghana Oblast.

Health management activities were focused on: 1) providing TA in institutionalizing the introductory management trainings for the newly-recruited PHC financial managers; 2) conducting training seminars on advanced management topics for the working financial managers, PHC facility head doctors, and rayon financial coordinators; 3) organizing competence-based incentive programs to effect enhanced motivation and professional improvement of the working financial managers; and 4) developing/updating training modules on various management topics.

Activities relating to the health information systems and monitoring and evaluation have been focused on: 1) providing TA to the Republican Information and Analytical Center (RIAC) in completion of the ICD 10 materials in the Uzbek language; 2) setting-up population database (PDB) in the new pilot rayons and providing training to the PHC facility staff and rayon computer personnel on population enrollment, use of the PDB, and basic computer applications; 3) finalizing and disseminating the PDB software and user manual as part of the institutionalization process; 4) development of a computerized hospital information system to initiate expansion of F&M reform pilots to secondary health facilities (hospitals); and 5) designing and implementing a household survey on access to, and utilization of, health services in the pilot areas.

The above key activities aside, the Resource Use component continued its collaboration with the World Bank and Central Project Implementation Bureau (CPIB) of the "Health" Project in analyzing

implementation status of the ongoing “Health” Project and conceptualizing the F&M reform activities and related information system issues for the follow-up on the “Health” Project (Health II).

Health Financing and New Provider Payment Systems

Consolidation and Expansion of Financing Reforms

Technical assistance was streamlined to support further consolidation of the rural PHC financing reforms in the 14 old rayons included into the pilot till 2002 (six in Ferghana, five in Navoiy and three in Sirdaryo Oblasts). It was also streamlined to accomplish all necessary preparatory work – including estimation of the capitated rates – to introduce new provider payment systems in nine new pilot rayons from this year (four in Ferghana, three in Navoiy and two in Sirdaryo Oblasts). As a result of the above activities, coverage of the reformed PHC facilities and allocations to the PHC sector have registered notable increase. For example, there are now 156 PHC facilities in Ferghana brought under financing reforms – covering 40 percent of the oblast’s total population as opposed to 89 reformed PHC facilities in 2002 – serving 23 percent of the population of Ferghana Oblast. The relative share of these facilities now stands at 22 percent of the total oblast health budget compared to that of 21 percent in 2002. This increase is admittedly much more impressive if considered in absolute terms: an allocation of 1768 million UZ soums to the reformed PHC facilities in 2003, as opposed to 832 million soums last year. The per capita normative rose from 1305 UZ soums in 2002 to 1615 in 2003. The per capita normatives in the pilot rayons in Navoiy and Sirdaryo Oblasts this year amount to 1881 and 1923 UZ soums, respectively.

Introduction of the Financing Software in the Pilot Oblasts

To facilitate regular use of the ZdravPlus-developed computer application (Financing Software) by the OHD economists and accountants, ZdravPlus Project has equipped the Ferghana, Navoiy and Sirdaryo OHDs with PCs and CDs of the software program. Also, ZdravPlus experts conducted three separate two-day hands-on trainings in these oblasts to impart practical skills to the OHD economists, accountants and finance managers on proper use of the Financing Software in tracking the fund receipts and expenditures of the PHC facilities and preparing the financial reports. Also, a daylong seminar on the Financing Software was held in Tashkent in March to train the MOH, MOF and CPIB officials.

Preparatory Activities on Rollout to Additional Oblasts

Preparatory activities to rollout the rural PHC reforms to three rayons each in Andijon (Boz, Ulugnor and Hadjabod Rayons) and Surkhandaryo (Termez, Muzrabod and Djarkurgan Rayons) Oblasts were continued during the reporting period. The specific activities included sharing of the F&M reform experiences in Ferghana, Navoiy and Sirdaryo pilot oblasts, two review meetings with the oblast-level joint working groups to discuss the implementation process of the preparatory activities, and development of the action plans for the current year. By the end of this year, study tours of the oblast policy-makers and managers to Ferghana will be organized, rayon-wise financial data collection on PHC expenditures in the year 2003 and their preliminary analyses will be completed, and a joint workshop to review the financial data and decide on the capitated normatives would be organized. Meanwhile, rayon-wise financial data collection by the ZdravPlus specialists on the PHC expenditures in these two oblasts in 2002 and their preliminary analyses were completed. These data, along with corresponding data for 2003, would be used to calculate the capitation rates. The local policy-makers and managers of Andijon and Surkhandaryo have demonstrated enhanced support and interest to the expansion of rural PHC F&M reforms in their oblasts.

Design of an Urban PHC Reform Pilot

Over the past months, the Urban JWG in Marghilon met periodically to have broad policy dialogues on the design of suitable urban PHC model(s). As part of the design process, relevant experience and evidence from the country and the region, as well as the existing policy guidelines and legislative documents, were extensively reviewed and discussed. To facilitate this process, the participants decided to undertake a study trip to Bishkek in Kyrgyzstan and examine the undergoing urban PHC reform process there. ZdravPlus Project organized the study trip for a group of 10 people from the Urban JWG in March. Among others, the study team comprised the Head of the Marghilon CHD, Head of Ferghana OPIB and a concerned official from the MOH. In a workshop held with the Urban JWG in April, the study team members made a presentation on the Bishkek experience and suggested an urban model for

Marghilon. Following a detailed discussion, a step-by step implementation process to pilot a Family Group Doctor (FGD)-based urban model was recommended. The FGDs will be financed by capitation payment methods. The urban PHC reform model has been suggested to formally pilot in Marghilon City from January 2004 after approval by the MOH. Meanwhile, all other preparatory activities to initiate the pilot will be completed with TA from ZdravPlus Project. The pilot will begin first with the mixed Territorial Polyclinic. The seven other (three adult, three children and one adolescent) polyclinics will be converted into mixed polyclinics and included into the pilot at the latest by January 2005. Free population enrollment to facilitate the choice of PHC providers by the clients based on their own choosing will be included into the urban pilot from the second year of piloting.

Health Management

Training to New Financial Managers and Established PHC Managers

The ZdravPlus introductory management training courses for the newly recruited financial managers, which used to be previously conducted by the ZdravPlus Project, have now been successfully institutionalized to be conducted by Uzbek counterparts. Therefore, in parallel to providing TA to this institutionalization process, ZdravPlus training efforts during the last six months were predominantly concentrated in organizing seminars on advanced management topics so as to facilitate further strengthening of management capabilities of the working (established) head doctors and PHC managers. The advanced management health trainings included the following topics: Strategic Planning, Business Planning, Financial Analysis of PHC Facilities, Personnel Management and Assets Management. Also, jointly with the “Health” Project, orientation seminars on the health reform program in general and financing and management reforms in particular were organized for the new pilot rayon managers in Ferghana, Navoiy and Sirdaryo Oblasts.

Nineteen training seminars on advanced management topics (six each in Ferghana and Navoiy Oblasts, and seven in Sirdaryo) were conducted during the reporting period. A total of 488 participants (working financial managers, PHC facility head doctors and rayon financial coordinators) took part in the trainings. To facilitate future institutionalization of these trainings, ZdravPlus made extensive use of the local trainers developed in the past through the ZdravPlus TOT course. The six orientation seminars organized during the past six months were attended by 123 rayon managers from the newly-included pilot areas in Ferghana, Navoiy and Sirdaryo Oblasts.

Competence-based Incentive Programs

To support enhanced motivation of the managers in implementation of the health reform issues, organization of competence-based incentive programs were continued during the reporting period. The winners of the “Best Financial Manager Contest,” “Best Financial Analysis” and “Best Business Plan” were rewarded with a three-day practical training on Financial Administration at the Tashkent International Medical Clinic. In total, 17 winners were trained in six special training programs. Also, a study tour to Zhezkazgan in Kazakhstan was arranged in April for a group of winners of the competition on Best Financial Managers. The trip served as a useful opportunity for the guests and the hosts to exchange experience and information on their respective reform activities.

Development/Update of training modules and materials

A thorough review of all materials on health management training developed by ZdravPlus in Uzbekistan took place in January-February and a plan to complete updating/preparation and publication of the basic and advanced health management modules was developed. The outcome of this exercise was presented at a meeting in Almaty in May where a Health Management Strategies Matrix for the ZdravPlus regional program has been developed. An updated version of the Practical Manual on Administration and Organization of the PHC Facilities has been completed. The final draft is now being reviewed by MOH, CPIB and OPIB. This manual will be published for use by the PHC managers, following the needed modifications made in accordance with the review comments. Also, the work on development of training modules on Personnel Management, PHC Budget Preparation, Bookkeeping and Accounting, updating the modules on Financing and Management of PHC Facilities, Business Planning and Strategic Planning was completed. These modules are now being translated and edited for publication.

Health Information Systems

Collaboration with RIAC on Uzbek ICD-10 Materials

Technical translation and editing of ICD-10 into the Uzbek language have been completed. The review of the translation work by the Terminological Committee set up by the MOH is also about to end shortly. The final variant of the ICD-10 translated materials, along with the ZdravPlus-developed software for conversion of the disease codes according to ICD-10, will then be handed over to RIAC for replication at the national level.

Setting-up Population Database Systems

Technical assistance was continued in the organization of the computer centers, setting up population database in the nine new pilot rayons in Ferghana, Navoiy and Sirdaryo, hiring and training of the data entry operators, and training in data collection for the population database. During the past six months, a total of 450 health personnel were trained in data collection techniques and computer applications. HIS specialists have finished the development of a Population Database (PDB) package that includes the computer program and a user manual. The user manual provides a detailed description of the population database technology and complete guidelines on the use of the software. Also, information on implementation of the PDB, along with the related human resource and training needs and costs, has been worked out. The Population Database Package dissemination seminar was held in April with participation of representatives from the Ministries of Health and Macroeconomics, State Statistics Department, RIAC, CPIB "Health" Project, Ferghana, Sirdaryo and Navoiy OPIB and OHDs and other concerned parties. The salient objectives of the seminar were to officially handover the PDB to the counterparts and facilitate its institutionalization. All participating organizations were provided with a copy of the PDB software and a manual of instructions to install and operate the PDB.

Designing a pilot on Hospital Information Systems

Following a trip to Bishkek and Almaty by a group of ZdravPlus specialists to study the hospital information systems in Kyrgyzstan and Kazakhstan and explore the possibilities to implement them in Uzbekistan, work was initiated to adapt their hospital information systems on an experimental basis to Uzbek hospitals. The key objectives of the pilot on hospital information systems are to better understand the information needs at the hospital levels and prepare grounds for expansion of financing reforms to the hospitals. To this end, an analysis of the routine data collection and reporting systems for the secondary healthcare facilities (hospitals) was completed. Accordingly, the computerized hospital information system has been developed. It is now ready for piloting starting in July, initially in two rayon hospitals in Ferghana Oblast.

Monitoring & Evaluation (M&E)

Household Study

A household study to examine access to, and utilization of, health care services in the three pilot oblasts has been designed. The fieldwork of the household survey began in May in Ferghana, Navoiy and Sirdaryo Oblasts. The data collection work will be completed by June 1. Data entry and cleaning will be done by mid-July and the preliminary report is expected in September. Also, analyses of the previous KAP surveys are underway.

Improving Legislative, Regulatory and Policy Framework

Legal and Policy Development

Expansion of Financing and Management Activities

Technical assistance was provided to CPIB in getting a legal basis in line with the Cabinet of Ministers (COM) Decree No. 100 for expansion of the PHC F&M reforms to additional rayons in the three pilot oblasts. A joint letter from the MOF and the MOH was signed and sent out to the Cabinet of Ministers to provide a basis for expansion of rural PHC reforms throughout Ferghana, Navoiy and Sirdaryo Oblasts. The COM has approved this request. Also, in collaboration with the CPIB, a matrix of the future legal and policy support needs for the current Health Project F&M reform activities and the corresponding work within the forthcoming Health II Project has been prepared.

Technical assistance was extended to Ferghana, Navoiy and Sirdaryo Oblast Hokimiyats and Health Departments as well to have the needed legal basis for the expansions in place. Similarly, close contact with the MOH and local authorities and health departments was maintained to obtain policy support for the work in Marghilon City and Andijon and Surkhandaryo Oblasts.

Co-Sponsoring Joint Working Group Meetings

Two meetings of the Joint Working Group on Health Financing and Management were held in the past six months. The following issues were addressed: 1) review of F&M implementation status in the three pilot oblasts; 2) expansion of the financial pilot to additional rayons (registration of PHC facilities as legally independent entities, facility budget development and approval process, training and hiring of new financial managers and financial coordinators); 3) forming the PHC budgets for 2003 in the pilot rayons in Ferghana, Navoiy and Sirdaryo Oblasts; and 4) strategies for fine-tuning and solidification of the ongoing reforms in the area of financing and management.

Establishing Quality Improvement Working Group

Over the last six months, ZdravPlus has been involved in intense dialogue with the government on quality improvement issues. The Ministry of Health has established a 15 member Republican working group and appointed an MOH contact person to deal with the specific quality issues that develop in Ferghana at the QI pilot sites. This is a big milestone in developing a policy framework that will foster cooperation with the government both on the Oblast level and on the Republican level. ZdravPlus will continue to inform the group about QI issues and how these can be applied in Uzbekistan.

Collaboration with the World Bank and Asian Development Bank

The World Bank and Asian Development Bank will join forces to implement a joint program for Health II. ZdravPlus has been actively involved in discussions with the WB and ADB, advising their consultants and providing information on the design process for the new health project. In addition, ZdravPlus technical experts worked with the Central Implementation Bureau in writing detailed designs on each component.

Expansion of Activities

The government formally requested ZdravPlus to provide technical assistance to Karakalpakstan and Khorezm. The Health Project has remaining funds and will expand into these areas over the next year. ZdravPlus conducted an assessment trip to the areas and will decide on three pilot rayons in the next month. ZdravPlus will provide limited technical assistance to these areas and try to help them use their resources wisely and learn from the other pilot sites.

Government officially asked ZdravPlus to provide technical assistance in Karakalpakstan, Khorezm, and Samarkand. In June, ZP conducted an assessment trip to Karakalpakstan and Khorezm and plan to start financing and management activities there.

TAJIKISTAN

Six-Month Report

January – June 2003

COUNTRY SUMMARY

The key change in the context of Tajikistan health system reform has been the appointment of a new Minister of Health, Nusratullo Faizulloevich Faizulloev, who was previously Rector of the Tajik State Medical University (TSMU). Naturally, this has been accompanied by a series of other changes, including the replacement of all the Deputy Ministers and the decision from the WHO to discontinue funding the Somoni Health Reform Group from June 2003. ZdravPlus' relationship with the ministry also has changed as Oktam Ikramovich Bobokhojaev, Head of the Department for the Organization of Medical Services, became the project's primary contact and helped make the MOH both more open and more accessible to ZdravPlus.

During this reporting period, ZdravPlus Tajikistan, despite changes in the health sector, has made some important and concrete inroads in terms of both deepening and expanding all four program component areas of the ZdravPlus Tajikistan program. Some key accomplishments of the past six months have included the official opening of the Family Medicine Clinical Training Center (FMCTC) and the start of the 11-month TOT course in Family Medicine. Activities in the area of population involvement have also multiplied. ZdravPlus has led the charge on the development and implementation of health promotion campaigns on diarrhea and narcotics and has been collaborating with Counterpart to develop, launch and manage the Tajikistan Healthy Communities Grant Program. Most significantly, during this period ZdravPlus has come to an agreement with the MOH to move forward with the development of a Drug Information Center. Significant movement in the area of health finance activities has also taken place as ZdravPlus has made agreements with the Ministry to move forward on developing provider payment systems as well as make concrete structural changes to the Tajik financing system following an established short and long term strategy. In the geographical sense, ZdravPlus staff has spent more time outside of Dushanbe, building contacts, getting to know the situation, including more non-Dushanbe participants in activities such as seminars, and even supporting some activities in other cities. ZdravPlus also continues to develop strong relationships with the MOH, institutional partners, and international organizations to help support and coordinate health sector development in Tajikistan.

In terms of other organizations working in Tajikistan, it appears as if the involvement of international organizations in health reform activities is growing. The first ADB health sector loan [the Social Sector Rehabilitation Project] continues more or less according to plan. The second ADB loan [the Social Sector Development Project] continues to be negotiated, and is expected to begin later this year, or early in 2004. The five selected SSDP pilot rayons are Roshtkala, Garm, Kulyab, Aini, and Gornyi Mastcho. The World Bank loan continues; a key activity over the past six months has been the finalization of the World Bank consultant report on Health Finance and Hospital Rationalization. At the time of writing, the final report is due in late June. In addition, Swiss funding for the Swiss Tropical Institute (STI) to support the World Bank loan in Dangara and Varzob rayons began in early April. Starting in July, Robin Thompson, a health economist, will manage the project.

In short, despite the difficult obstacles to meaningful reform, the Ministry is as open to new ideas as it has ever been, and international involvement in health reform activity is growing with broad consensus between the various international organizations on the technical issues.

SUMMARY OF IR ACTIVITIES

Population Involvement

IMCI Health Promotion Campaign

In an effort to support the further development of the third component of the IMCI strategy in Tajikistan, ZdravPlus is actively working with UNICEF and the Dushanbe Health Department to implement a campaign focused on diarrhea in the two pilot sites where IMCI physician training has been conducted (Varzob and Dangara). So far, this has included formative research, analysis, discussion of campaign messages and strategy, and preparation of educational materials. It has been timed to coincide with the seasonal rise in diarrhea cases. The next steps will be to continue and complete the diarrhea campaign, remain engaged with the IMCI process, learn lessons from the diarrhea campaign – which has also been excellent in terms of building capacity and relationships within the Ministry - and to prepare for a similar ARI campaign in the fall.

Narcotics Health Promotion Campaign

As set out in the previous six-month report, ZdravPlus decided on a strategy of supporting health promotion on the principle of learning by doing. After some discussion, it was decided to work initially with the Sogd Oblast Center for Healthy Lifestyles (CHL) because (a) technical capacity and enthusiasm were high; (b) few other international organizations were working on this issue in Sogd Oblast; and (c) this allows ZP to link-in with the Abt Sport and Health Program to maximize the effect of both programs.

Narcotics was identified as the key issue because of (a) the importance of the issue to Tajikistan, even more so than in other Central Asian Republics; and (b) existing opportunities such as the Abt Sport and Health Program and the USAID-funded Drug Demand Reduction Program (DDRP) in Sogd Oblast. Specifically, Population Services International (PSI) is conducting formative research into drug use in Sogd Oblast, with results soon, which would link with any health promotion campaign.

Together with Mercy Corps, ZdravPlus sponsored a workshop in Sogd Oblast in April. The workshop brought together as many anti-narcotic partners as possible – including relevant MOH partners such as the CHL, and also NGOs, DDRP representatives, and the Drug Control Agency. Based on the success of this seminar and given the USAID enthusiasm for activities outside of Dushanbe, a similar seminar was also held in Kulob at the end of May.

As a result of these seminars, a broad coalition of anti-narcotics partners now exists in both Khatlon and Sogd Oblasts. In both oblasts, and at the national level, these partners have presented several ideas for taking anti-narcotics health promotion forward. ZdravPlus is currently discussing ways of moving some of these suggestions forward. Strategies include links to the Healthy Community Grants Program, the Abt Sport and Health Program, and further collaboration with Mercy Corps.

Healthy Communities Grants Program (HCGP)

As planned, our activities for the HCGP began in January. Seven members of the Grant Review Committee were selected, representing ZdravPlus, Counterpart International, the Soros Foundation, USAID, the Swiss Development Corporation, the World Bank, and Mercy Corps. The initial press conference took place in mid-March.

By mid-April, 235 letters of interest for training under the first round of funding had been received. The Civil Society Support Centers each accepted 20 applications and training went ahead for both Participatory Community Appraisal methods and Project Design. In June, 128 applications for grant funding were received. The Grant Review Committee will choose the successful grant applications by July 1.

The deadline for submission of expression of interest for the second round of grant funding is in late September. The Soros Foundation will participate in the HCGP at the beginning of the second round.

Other Population Involvement Activities

In February, ZdravPlus supported a journalism competition that produced 47 articles and 3 video clips. In March, support was provided for the production of TB prevention posters (with Project HOPE) as part of World TB Day. Additionally, the project has supported activities related to World Health Day in both Dushanbe and Khojend, helped produce the book *Where There is No Doctor*, and initiated planning for Interpersonal Communication (IPC) seminars.

Quality Improvement

Family Medicine

January saw the official opening and the commencement of training at the Family Medicine Clinical Training Center (FMCTC), based at Polyclinic #8. The goal of the FMCTC is to train competitively selected candidates in an 11-month training curriculum that will qualify them to serve as family medicine trainers upon completion of the program. ZdravPlus is financially supporting five of the trainees. The ADB has also joined efforts to support the training program and is supporting 15 candidates, who joined the program in May, to go through the program. Some ADB candidates will receive the clinical part of their training at the Republican Family Medicine Clinical Training Center.

In addition to achieving a single training curriculum, we have also successfully linked in with other organizations. Pharmaciens Sans Frontières (PSF) are contributing educational materials and possibly a module on contraception while Project HOPE will teach the module on Tuberculosis. There has also been interest from the International Medical Corps (IMC) and the Agha Khan Health Service in sending their Afghan doctors to the program.

In April, we were able to send two candidates to participate in a ZdravPlus Tashkent conference on Family Medicine training. The two candidates were Fizuza Magzumova (Clinical Director at the FMCTC) and Musabiya Abdullayeva (Clinical Director at the Sogd Oblast Family Medicine Training Center, FMTC). In June, we received a shipment of 200 sets of basic training tools (stethoscope, sphygmomanometer, otoscope, and reflex hammer) to be distributed among doctors who complete the program and for those currently working in pilot sites.

At the end of May, the previous Health Minister, Alamjon Akhmedovich Akhmedov, was appointed to manage the Post Graduate Medical Institute. It remains to be seen how this will impact the training program, and we are exploring ways to mitigate any possible disruptions to the work.

Bishkek Training

The four doctors and four nurses who were sent to Bishkek for the 11-month Family Medicine training course are due to return to Dushanbe in late July. Two doctors were from the Sogd Oblast Family Medicine Training Center, one was from the Khatlon Oblast Family Medicine Training Center, and one was from the Tajik State Medical University (TSMU). The nurses are from Sogd Oblast Family Medicine Training Center, the Post Graduate Medical Institute (PGMI) and two medical colleges.

In the next six months, ZP intends to send another four doctors and another four nurses to a four-month training course, starting in September (and then another four in January). Our strategy has been to see the standard of the ADB candidates at the FMCTC and to assess the training needs at Family Medicine Training Centers, medical colleges, and other international organizations before finalizing the candidates to be sent.

Nurse Training

Currently, there is no specific nurse training program. However, because of involvement in the FMCTC and the obvious interest in this issue, ZdravPlus has stayed linked-in to nursing issues and personnel have attended relevant seminars, such as those sponsored by the AKF or the AIHA.

IMCI

IMCI remains a programmatic priority for ZdravPlus Tajikistan. The key issues for ZdravPlus have been (a) to link IMCI into our Family Doctor TOT program at the Family Medicine Clinical Training Center; and (b) to support capacity building and awareness of IMCI issues within the Ministry.

ZdravPlus seeks to pursue these objectives and remain engaged with the IMCI process wherever possible. Recent activities supported by ZdravPlus have included the training seminars for medical staff (doctors and nurses) from the two IMCI pilot rayons (Leninskii and Varzob). ZdravPlus had hoped to be involved with the formation of an IMCI working group in the Ministry of Health, a review of IMCI to date in Tajikistan [due May 2003], and a workshop on the third IMCI component. For a variety of reasons, WHO and UNICEF were unable to stay with the timetable, and this has therefore affected ZdravPlus' participation as well.

Pharmaceutical Activities

Therapeutic Committees

During this reporting period, ZdravPlus, with AED and the WHO-supported National Pharmaceuticals Committee, has further supported the organization of Pharmaceutical and Therapeutic Committees (PTCs) in the Central Rayon Hospitals of all five pilot rayons (Varzob, Dangara, Leninskii, Kulob, and Bokhtar). Monitoring visits will take place every three months for the first year of their existence. The first visit is due at the end of June, 2003.

Drug Information Center

ZdravPlus has also moved forward with the development of a Drug Information Center (DIC) to be located in Dushanbe. Changes in the ministry have provided us with the opportunity to negotiate a Memorandum of Understanding with the Ministry of Health Pharmaceuticals Department, and it seems almost certain that the DIC will be based at the Tajik State Medical University (TSMU).

Other Activities

In February, two candidates were sent to a pharmaceuticals seminar in Kazakhstan. The project is also supporting the development and implementation of a National Drug Policy, which is expected to be approved by the Ministry of Health soon.

Clinical Practice Guidelines (CPGs)

In April, with AED support, ZdravPlus sent three candidates on a study tour to Russia. The study tour looked specifically at Clinical Practice Guidelines and implementation issues. A working group on the issue has been formed. ZdravPlus Tajikistan intends to link Clinical Practice Guidelines to the Drug Information Center and is using the twenty existing guidelines (developed with World Bank support) in the training program at the FMCTC.

Sexually Transmitted Infections

Following a request from the MOH, ZdravPlus is investigating possible means to support improved treatment of Sexually Transmitted Infections (STIs). The key part of the strategy is to link any work done in Tajikistan with the successful ZdravPlus-supported pilot in Kyrgyzstan. Three candidates have been selected for a study tour to Kyrgyzstan at the end of June. A working group will be established upon return from Kyrgyzstan.

Improving Resource Use & Legislative, Regulatory and Policy Framework

Health Finance Policy

Since the appointment of the new MOH in Tajikistan, health finance has become a higher priority. The President has directed the MOH to reduce corruption (informal payments) in the health sector. Over the next year, it is a priority for the MOH to initiate development of formal co-payments and to assess the feasibility of developing national health insurance. Almost overnight, the scope of potential health

finance activities has gone from the narrow implementation of new capitated rate provider payment systems in pilot rayons to complete reform of the national health financing system. This presents great opportunities and great dangers. The opportunity is to develop a broad health finance vision and system to increase access, equity, efficiency, and quality of health services to the Tajik population. The danger is that this is a long-term task, requiring enormous structural change and best approached by building a strong foundation using a step-by-step approach. The problem will be buying time to build this foundation, given the political urgency applied by the President.

Over the last six months, ZdravPlus developed a strategy to take advantage of opportunities and mitigate dangers through a two-track approach. The first track is developing the long-term vision for health finance and the second track is implementing short-term steps to build the foundation for significant structural change. These two tracks will be developed in parallel. ZdravPlus agreed with the MOH on this strategy during a meeting on April 29, 2003.

On the short-term and foundation building track, ZdravPlus started moving forward in collaboration with other donors on the plan approved by the former Minister and reaffirmed by the current MOH. This plan was developed on a December 2002 ZdravPlus mission consisting of both regional and Tajik staff. There are two elements of this plan and both involve work on the creation of new provider payment systems. They are a development of PHC capitated rate payment and initial development of clinical information and costing is needed for hospital payment system development (see the chart following that illustrates ZP activities in this area). The rationale for work on PHC is to support the key health reform emphasis on development of primary health care and create synergies with work being done by other donors including the World Bank and WHO. The rationale for initiating hospital payment development is that: 1) New hospital payment systems containing different financial incentives will trigger increases in hospital efficiency, greater hospital autonomy to manage resources, improved hospital management, and hospital rationalization; 2) As it is a long process to develop new hospital payment systems, it should be started now; and 3) The collection and analysis of data required for a new hospital payment system produces valuable by-products including contributions to PHC monitoring systems, and costing for initial development of benefits packages (although this is also a long-term process and a subsequent step in health reform).

The mechanism to develop and implement the first steps in new provider payment systems is a Technical Working Group (TWG) consisting of specialists from the MOH and MOF. It is led by the Head of the MOH Finance Department as designated by the MOH in the April 29 meeting. ZdravPlus will continue to collaborate with other donors and projects. Details of the plan are outlined below.

Primary Health Care Payment System

The intent of this element of the plan is to actually implement a new PHC capitated rate payment system in all pilot sites in Tajikistan (WHO, WB, ADB). In addition, this payment system could also be implemented in other regions of the country and urban areas including Dushanbe if health delivery system restructuring to strengthen PHC is initiated. The biggest current constraint is the lack of health sector institutional structure to establish the health purchasing function, including the pooling of funds. The WG started to address the health purchaser institutional structure issue over the last six months (see below). ZdravPlus started the collection of data from the five pilot rayons together with WHO and the World Bank. This data will then be analyzed, compared with other data in the region, discussed with the TWG, and appropriate models of per capita financing will be prepared for implementation. In addition, ZdravPlus will work on the legal framework, provide training, and provide technical assistance to Tajik institutions during actual implementation.

Hospital Payment System

ZdravPlus is working to install the clinical information system implemented with hospital payment systems in Kazakhstan and Kyrgyzstan, develop cost accounting data, and merge and analyze clinical and cost data started over the last six months at the CRH in Leninskii Rayon, and the Diyakov Republican Hospital in Dushanbe. ZdravPlus may also add the Oblast Hospitals in Sogd and Khatlon Oblasts in order to have a nationally representative and more reliable data set. ZdravPlus is continuing to collaborate closely with the Aga Khan Foundation and their work in GBAO. There is the possibility

that ZP could provide technical assistance to a hospital there as well. See the Health Information Systems section for specifics on computers and the system.

ZdravPlus together with Tajik partners are consolidating and analyzing the data to support movement on three fronts:

1. **New Hospital Payment Systems and Contracting.** By analyzing clinical information and costs, the work will support movement towards a new provider payment system based on outputs (health services and treated cases) rather than inputs (number of beds). Correspondingly, this will increase efficiency, autonomy, and transparency of the hospitals and the hospital system.
2. **Primary Health Care Monitoring and Evaluation.** One method of monitoring PHC is to monitor hospital admissions for PHC-sensitive conditions. By analyzing the clinical data, it will be possible to understand what clinical issues the secondary care providers are treating, to evaluate the relationships between primary and secondary care providers, to open a discussion on the degree to which some of these treatments might be shifted to primary care providers, and to estimate the associated cost savings.
3. **Guaranteed Benefit Package Costing and Development.** Specifically, this refers to the package of inpatient services that the Government would cover without patients being obliged to pay for treatment. This is not an ambitious benefits package development activity, but a step in building the capacity for the big endeavor of developing a Guaranteed Benefits Package. For example, it is expected that this analysis will stimulate discussion on whether or not the benefit packages will require co-payment from the patient and whether or not Tajikistan can afford to support a large Guaranteed Benefits Package.

The mechanism for developing the long-term vision is the Intersectoral Health Finance Working Group (WG). The MOH agreed to facilitate the formation of this WG during a long meeting with ZdravPlus on April 29, 2003. The results of the constitutional referendum related to free medical care will determine the policy options available, especially related to formal co-payments. ZdravPlus is moving forward on a process including establishment of the WG, a study tour to Kyrgyzstan in late July (approved by the MOH), ongoing WG meetings on broad policy and strategy with technical assistance provided by ZdravPlus and other donors, consensus on a vision and strategy for Tajikistan, and movement to implement elements of the strategy. Of course this is an enormous task and ZdravPlus will collaborate on all aspects of the process with other donors and projects including the World Bank, ADB, WHO, the Swiss Development Corporation, AKF, etc. While the WG process will determine the agenda and pace, general topics expected to be addressed include institutional structure for the health purchaser, pooling funds, provider payment systems, health delivery system structure, health insurance, formal co-payments, and a guaranteed benefits package.

Parallel implementation of the two tracks should create substantial synergies over time. One very important example occurred over the last six months. As mentioned above, the institutional structure for the health purchaser is critical to the long-term health finance reforms. Initially, although reluctantly, ZdravPlus was supporting the development of a rayon level health purchaser. The reason for that was the small scope of the health finance reforms – WB and ADB projects were at the rayon level and the former MOH was ready to go forward in health finance but with a limited scope. It appeared that creating any movement at all or initiating a step-by-step approach would require first working at the rayon level and then moving to the oblast level. However, given the much larger scope for broad health finance reform under the new MOH with the President's mandate, the opportunity immediately arose to establish the health purchaser at the more appropriate oblast level. This issue was raised by ZdravPlus at the first WG meeting and the WG generally agreed. It will be a priority of ZdravPlus over the next six months to continue to engage in policy dialogue and provide technical assistance on the health purchaser institutional structure.

Health Information Systems (HIS)

ZdravPlus's work on health information systems has increasingly been linked to work on health finance. As per the ZdravPlus health finance strategy and implementation plan written in December 2002, ZP has developed a computer program to collect information – both financial and clinical – at the hospital level. ZdravPlus has also selected partner hospitals – at the rayon level (Leninskii), oblast level (Sogd, Khatlon, and GBAO), and national level (Diyakov) – procured computers, installed the program, and trained them on how to use the program. ZdravPlus has also been very pleased to have good collaboration with the Aga Khan Foundation (AKF), who already have good data, and will be useful partners for the policy dialogue that will take place when ZP has collected more secondary care data.

The next steps are to support the collection of data, including a trial period, and then make final adjustments to the system, which will then inform policy dialogues on the links between primary and secondary care, hospital payment systems, and guaranteed packages.

Health Management

In the middle of May, ZdravPlus sponsored a seminar in Dushanbe that explored the issues of a changing world, health reform, change management, and health management. The seminar was attended by senior members of the Ministry and was extremely well received. The purpose of the seminar was to exchange ideas about health reform and introduce new concepts. In the future, ZdravPlus will support similar seminars at the regional level in order to raise awareness (at the regional level) of the health reform process. This will motivate health sector workers and will keep facilitating reform.

Monitoring and Evaluation

ZdravPlus Tajikistan sent two candidates to a ZdravPlus regional seminar in Kazakhstan in April. Before the ministerial changes, the working group had been quite active. However, since the changes, the working group has been less active.

APPENDIX 1: HEALTH FINANCE CHART

Somoni Group/USAID funded ZdravPlus Joint Strategy

December 9, 2002

PRIMARY HEALTH CARE PAYMENT

(Coordinated with World Bank, ZdravConsult)

PAYMENT SYSTEM IMPLEMENTATION

- Support facility level training
- Develop new RHD financial management systems
- Support PHC M&E system (connects to hospital system)
- Analysis to refine and improve PHC capitated rate payment system

INSTITUTIONAL STRUCTURE

- Support legal base for RHD
- Educate local government

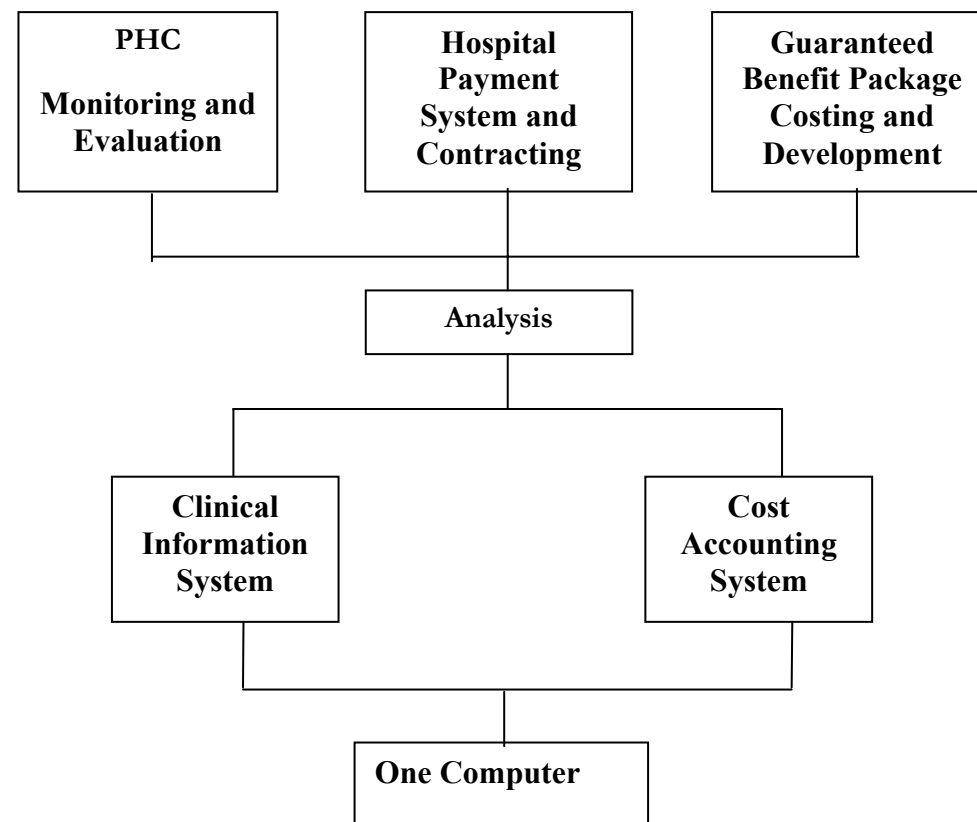
BARRIER:

STRUCTURE – RHD
POOLING FUNDS

SYSTEM DEVELOPMENT

- Support legal base
- Education on reforms in pilot sites
- Collect budget and age/sex information
- Calculate capitated rates
- Develop simulation model
- Support facility level training

HOSPITAL PAYMENT



GEOGRAPHY

5 PILOT RAYONS

POSSIBLY AN URBAN RAYON

1 PILOT RAYON: LENINSKII

POSSIBLY AN URBAN HOSPITAL

12/24/02

TURKMENISTAN

Six-Month Report

January – June 2003

COUNTRY SUMMARY

The challenges of working in Turkmenistan have increased over the last six months. The Government of Turkmenistan has tightened restrictions on the activity of international organizations in Turkmenistan and cracked down on a wide variety of activity, including that of NGOs, initiative groups, and community organizations. It has become more difficult to get visas for visitors to Turkmenistan, and permission is now required from higher levels for everyday activity. For example, a previously approved ZdravPlus advisory committee meeting was canceled and foreigners in Turkmenistan now have to carry registration cards. Members of a Baptist church in Dashoguz were jailed and interrogated and a Shakespeare play organized by a Peace Corps volunteer was cancelled, even though he had received local government permission to stage it. One close ZdravPlus counterpart, the head of the velayat health department, was removed from his position. Other counterparts have grown more reluctant to support any activity that seems unusual or innovative; the Maternal and Child Health Institute, for example, refused to allow an IMCI trainer to offer a lecture on IMCI at the AIHA family medicine training center in Ashgabat. Finally, there is a new silent order refusing exit visas to women under 35 or with fewer than two children.

Despite these challenges, ZdravPlus has been able to maintain a good relationship with the Ministry of Health. During this period, ZP has increased the amount of input that the MOH has into activity planning and health promotion material design. This makes the MOH more committed to ZP activities, and more willing to support them. The aforementioned advisory committee was one way that ZP has increased MOH input; others include more frequent consultation with the Maternal and Child Health Institute. This increased level of consultation encourages government buy-in for ZdravPlus activities and also ensures that ZdravPlus concepts and practices become institutionalized. While increasing the time needed to plan and implement activities, in the long run this closer relationship with the Ministry of Health will probably work to build MOH capacity and have an overall positive effect.

The first three months of the year were slow for ZdravPlus because the Ministry of Health was preoccupied with internal issues. As a result, no prikazes were issued and no meetings could be scheduled with MOH officials. This made it impossible to initiate new activities or to make contact with health officials in the new pilot sites. Despite this slow start, ZP was able to continue with those activities that had already been scheduled and to plan future activities both internally and with lower-level MOH personnel. ZdravPlus also took the opportunity to internally review past activities and think strategically about the long-term future of ZdravPlus in Turkmenistan. In mid-March, the Ministry began to return to its normal activities and ZdravPlus was able to work closely with the Ministry again and to operate at full capacity.

Over the last six months, ZP initiated new activities and continued successful efforts. New activities included the inauguration of the Healthy Communities Grant Program and the development of low-cost health education materials for distribution by Peace Corps volunteers and NGOs. Existing work included laboratory training in all five velayats of Turkmenistan, the completion of a health education campaign on ARIs, and the kickoff of a diarrhea campaign in new pilot etrap.

Pilot sites

ZdravPlus began work in three new pilot sites including Sakarchaga etrap of Mary velayat, Gubadag etrap of Dashoguz velayat, and Rukhabat etrap of Akhal velayat. These were the additional IMCI pilot sites selected by the government. ZdravPlus, in collaboration with the Project HOPE Maternal and Child Health (MCH) endeavor, will support IMCI training in these new etrap. Keeping Children Healthy campaigns on diarrhea began in Sakarchaga and Gubadag in mid-May, and next summer a

diarrhea campaign will take place in Rukhabat. The Maternal and Child Health Center was reluctant to begin activity in Rukhabat, thus necessitating the delay of the KCH campaign until next summer. The Rukhabat pilot site may be a challenging place to work; the national Ministry of Health seems reluctant to engage local authorities to plan activities.

ZdravPlus also continued to expand the scope of activities nationally. The KCH television spots are designed to provide useful information even to areas which are not taking part in a health education campaign. They are run on national television on several channels. The KCH printed materials are also distributed nationally by the Center for Health to Houses of Health and hospitals around the country. The Healthy Communities Grant Program supports NGOs throughout Turkmenistan, and ZdravPlus helped to organize activities for World TB Day and World Anti-Tobacco Day in Ashgabat that were broadcast on national television.

IMCI

IMCI training expanded into two of the three new pilot sites. IMCI training began in Gubadag etrap of Dashoguz velayat in April and was completed by the end of May. It included both a TOT and training for participants and was met with great approval from the participants. ZdravPlus Program Coordinator Natasha Basova met with the Dashoguz IMCI trainers and participants on May 21. The family physicians felt that the training was very effective and that the health services they will provide to the population after the training will be of a higher quality because of it. They highly evaluated the training modules for both trainers and for participants.

Expansion into Akhal velayat began with a meeting held at the end of May between ZdravPlus, the Head and Deputy Heads of Akhal velayat/Rukhabat etrap health authorities, and the IMCI Course Director from the MCH Institute. The first training in Rukhabat began on June 9 and was completed on June 20; twenty physicians were trained. It is anticipated that 120 physicians in Rukhabat etrap will be trained once IMCI training is completed.

There have been some challenges with IMCI training in the last few months. START has supported some of the trainings, and they have begun to feel that the national IMCI course director, Atageldy Junelov, needs more supervision. START and ZdravPlus have worked out a system for supervising IMCI course implementation. The Maternal and Child Health Institute has also been reluctant to expand IMCI outside the narrow confines of the current structure for trainings. They have resisted attempts to use IMCI trainers for pre-service training, including a request by the AIHA family medicine training center for a trainer to lecture in their GP retraining course. Despite these challenges, the IMCI training courses continue to be successfully implemented, and the Ministry of Health has remained committed to IMCI training for physicians in Turkmenistan.

Keeping Children Healthy Campaigns

In the last six months, KCH activities have increased in intensity. ZdravPlus finished the winter KCH campaign on ARIs in Farab and Serdar, and started a summer campaign on diarrhea in Sakarchaga and Gubadag etraps. ZdravPlus also developed low cost versions of the KCH materials for distribution by NGOs and Peace Corps volunteers and trained START in using ZP materials for a project to educate mothers in Dashoguz.

The KCH closing ceremonies for the winter ARI campaigns took place in January and were followed by an early February survey that evaluated mothers' knowledge of the KCH campaign messages and nutrition concepts. The survey results were impressive; ZP found that nearly 100% of mothers in both Farab and Serdar knew all key messages of the KCH campaign, including the warning signs for when to take a child immediately to a health care provider.

The winners of the KCH nurses contest in Serdar included men for the first time. In Farab, a representative of local hakimlik, the deputy director of the velayat department of health, the chief

pediatrician of the velayat Department of Health, and representatives of Farab hospital actively participated in the awards ceremony.

The nutrition questions were included in the post-campaign survey as formative research for the nutrition campaign that ZP plans to implement in the fall. The first advisory committee meeting for the nutrition campaign took place on May 28 at the ZdravPlus office, after receiving official permission to do the fall nutrition campaign and to hold advisory committee meetings with MOH employees. The meeting was attended by eight people, including representatives of UNICEF, UNFPA, the MCH institute, and the Medical Institute. It was very lively, in part because a pediatrician specializing in nutrition continued to insist that sugar and tea are important for the growth and development of children. Key messages for the nutrition campaign were agreed upon and ZdravPlus is now in the process of drafting brochures and posters for the campaign, which will take place in the fall of 2003.

A diarrhea, ARI and nutrition pre-campaign survey was conducted from May 1-15 in two IMCI pilot sites - Gubadag Etrap in Dashoguz Velayat and Sakarchaga Etrap in Mary Velayat. Five interviewers and one supervisor were trained before undertaking the survey in each etrap. Data processing of these pre-surveys has begun. The office has taken on a summer intern to help with the data entry burden and ensure timely analysis.

The KCH diarrhea campaigns started with opening ceremonies in Gubadag Etrap of Dashoguz Velayat on May 13, 2003 and Sakarchaga Etrap of Mary Velayat on May 17, 2003. About 150 nurses, physicians, representatives of local authorities, and velayat health department officials attended the events at each site. The opening ceremonies were shown twice on national TV in a "Health" program on May 17, 2003 and May 22, 2003. During the campaign, health workers will distribute 21,000 booklets, 6,000 posters and 9,000 flyers to women with children under five years old and to pregnant women in both pilot sites.

At the ceremonies, the main topics of the diarrhea campaign were presented to the participants. Fifty-five nurses were chosen as participants in the nurse contests in Gubadag and Sakarchaga Etraps; there are simply too many district nurses in the two etraps for every nurse to participate in the contest. Non-participating nurses will still receive KCH educational materials, but their education efforts will not be evaluated by a jury and they are not eligible for prizes.

There was some reluctance on the part of nurses to participate in the contest. They felt that it would take too much effort to be part of such an activity. Marketing specialist Zulfia Charyeva addressed concerns individually by taking questions from nurses during the contest training and in the end, more than enough nurses asked to be in the contest. All nurses chose to stay for the KCH training, even though it was not mandatory for nurses not participating in the contest.

The KCH educational materials were also distributed to NGOs participating in the Healthy Communities Grant Program. The materials were also given to the American International Health Alliance (AIHA) office, Counterpart Consortium Resource Centers, and the National Health Center of the MOH with further distribution among Ashgabat's health structures. ZdravPlus video spots on Diarrhea and Breastfeeding are currently being aired on national television channels at least three times a week. Radio plays are being broadcast on national radio and articles about diarrhea and its treatment at home are being published in national newspapers.

Finally, ZdravPlus produced low-cost black and white versions of all the Keeping Children Healthy materials. These materials are intended to widen the impact of the KCH campaigns. They were designed to be easily photocopied by using black and white line drawings of the color pictures so that NGOs and community groups can duplicate them for distribution. They are also inexpensive enough to produce that ZdravPlus can print a large number to give to Peace Corps volunteers and groups who do not have access to a photocopier. Thus far, they have been distributed to all Peace Corps volunteers and to NGOs throughout the country.

The Keeping Children Healthy health education campaigns remain extremely popular with all stakeholders. The Ministry of Health at the national level values the KCH activities because they are innovative and produce brochures in Turkmen that are evidence of the government's commitment to health education and the third component of IMCI. The government frequently uses the KCH materials as an example of successful Ministry of Health activity when working with international donors such as UNFPA. Velayat health departments appreciate the time, money, and attention given to their area, and local doctors and nurses appreciate having the materials and the increased level of patient education. Mothers and families with young children are perhaps the most appreciative of all; they are very eager to learn more about children's health.

This popularity continues to be an asset to all ZdravPlus activities. When negotiating with the Director of the Maternal and Child Health Institute, a key partner in planning activities and procuring prikazes, reminding him of the KCH activities is consistently a successful way of ensuring cooperation on all issues. The KCH campaigns and IMCI are also the main ZdravPlus activates that Deputy Minister of Health Sopiev associates with ZdravPlus. The colorful brochures and flyers have become the public face of ZdravPlus, and they are such an appealing public face that it has helped ZdravPlus to be less affected by the recent chill in US-Turkmen relations than most USAID implementing partners feel.

In addition to being popular, the KCH campaigns have been successful. The winter KCH campaigns, as was previously mentioned, achieved very high levels of knowledge. Preliminary morbidity and mortality data also indicate that deaths from ARIs have decreased in comparison with last winter.

The Healthy Communities Grant Program

The Healthy Communities Grant Program got off to a good start, with a program launch taking place the week of February 4-11. It was announced through meetings held at Counterpart NGO centers around the country. Forty groups attended the launch meeting in Ashgabat. The launch press conference that took place in other countries was forgone for fear of attracting unnecessary attention to the program. In Turkmenistan, ZdravPlus tried to publicize the program as much as possible to NGOs and community groups without triggering a Ministry of Foreign Affairs review of the program. This was achieved through general meetings held at the Counterpart NGO support centers, meetings with individual NGOs held at the ZdravPlus and Counterpart offices, and outreach via Peace Corps volunteers and the US Embassy small grants coordinator.

The deadline for grant submission was April 15. Thirty projects were submitted and fourteen were selected for grant committee consideration. No projects were submitted from Balkan velayat and only one from Mary. The grant committee is looking at ways to address the situation, including regular travel to those velayats to meet with interested organizations. Natasha Basova, for example, plans to meet with possible applicants any time she is in Mary for IMCI issues.

Grant selection took place on April 25. There were representatives from UNHCR, UNFPA, USAID, UNICEF, and UNAIDS, as well as Counterpart and ZdravPlus. Eight projects were chosen; all were requested to make revisions in their submitted budgets, mainly to decrease salary and training costs. One group refused to change their budget and was disqualified. The NGOs that were not selected will receive a letter with a detailed explanation of why they were not funded so that they will be able to submit better applications in the future.

During the grant selection process, UNHCR offered an objection to funding a grant for a community group that worked with Tajik refugees. They felt that all activity that related to refugees in Turkmenistan should be coordinated by UNHCR and did not want a group unaffiliated with UNHCR to be funded. After some discussion between ZdravPlus and Counterpart and a meeting with USAID Country Representative Brad Camp, it was collectively decided to fund the group anyway. Brad Camp sent a letter explaining the decision to UNHCR.

The seven NGOs who will receive funding were given the first installment of grant money at a May 23rd ceremony held at the Counterpart office. The ambassador attended.

The Healthy Communities Grant Program has thus met with success in Turkmenistan. ZdravPlus has had no trouble with the Ministry of Health or the MFA and NGOs and initiative groups have been very interested in the program. The projects submitted for funding were of good quality and came from a wide variety of applicant organizations. The current progress of the HCGP could mean that the government is willing to allow controversial programs to function as long as they can claim to have no official knowledge of the situation.

Laboratory Training

The MOH of Turkmenistan issued Prikaz #8/15-40 of January 4, 2003, according to which laboratory trainings in the cities of Ashgabat and Dashoguz were organized. Nine laboratory trainings have now been successfully completed, including two in Ahal, two in Lebap, two in Dashoguz, one in Balkanabat, and two in Mary.

Laboratory training took place in Dashoguz from March 17-21. Twenty participants from eight etraps were trained. The head of the Dashoguz health department observed training on March 20 and Alanna Shaikh attended the last day of the training to observe training methods and congratulate the participants. The participants expressed their satisfaction with the training and were especially pleased to receive a copy of the laboratory manual developed by Amanda Cooper.

The first training in Balkanabat took place May 26-30. Twenty participants and three trainers participated in the training. The opening ceremony lasted for 40 minutes; the deputy head of Velayat Zdrav, the director of the Balkan Diagnostic Center, and a laboratory trainer from Ashgabat presented the ideas and goals of the President's "Saglyk" program. In a meeting with Program Coordinator Natasha Basova, program participants expressed gratitude to ZdravPlus for the laboratory training program. They stated that laboratory services in Turkmenistan will benefit from the program.

According to the results of the pre-test, only one participant was able to answer all 11 questions, although the questions were not very difficult. They started with a very low level of knowledge. The Ashgabat trainer prepared questions for final testing. The results will be available in the training report.

ZdravPlus is planning to conduct a one day laboratory training review meeting during the last week of June. Twenty people have been invited; two trainers from each velayat, and ten MOH representatives. It will serve to advocate future government-sponsored training and to review the success of the laboratory training overall.

Laboratory training continues to be a successful activity for ZdravPlus. The participants are consistently pleased with the training and are able to use their new skills afterwards. The Amanda Cooper laboratory manual is very well-liked. Turkmen physicians tend to be reluctant to look things up in a book because they fear losing face in front of their patients. Laboratory physicians, however, work alone and are able to use the lab manual with no concern for their reputations.

The series of laboratory trainings is due to be completed by the end of June. If the Ministry of Health requests it, however, ZdravPlus will apply to START for funding additional laboratory trainings in other etraps. Initial concerns that laboratories lack the equipment and reagents to implement the physicians' new skills have been unfounded; hospitals do have a small budget that can be used to purchase the necessary items.

Other Activities

ZdravPlus participated in a public event on tuberculosis for 500 people on March 24, 2003 which was World Tuberculosis Day. The action was coordinated by the Ministry of Health of Turkmenistan at the suggestion of ZdravPlus. The Medical Institute, ZdravPlus, Project HOPE and Red Crescent participated, contributing time, effort, and prizes in a contest on tuberculosis knowledge. Six third place winners were awarded presents from ZdravPlus. The contest rewarded the best family physicians, family nurses, TB specialists, and students. Project HOPE and the Red Crescent awarded the first and second place winners.

The Tuberculosis information poster from ZdravPlus Kazakhstan was adapted for Turkmenistan. ZdravPlus printed 2,600 copies in Turkmen and gave them to the National Health Center for further distribution among Houses of Health, Hospitals, Maternal Houses of Turkmenistan, schools, and kindergartens. Project HOPE/USAID and Red Crescent expressed their desire to sponsor 3,000 additional posters. A two minute TB video spot was also produced for World Tuberculosis Day. It will be aired on national TV on a weekly basis.

ZdravPlus also helped the National Health Center to collaborate with START to fund a national conference on tobacco prevention. The conference was organized for World Anti-Tobacco Day and it was attended by officials from the Ministries of Health and Finance and by local government officials. Turkmenistan recently signed the WTO convention on tobacco control and the conference was intended to discuss implementation of measures to comply with the convention. At present, local governments have been known to have public events co-sponsored by tobacco companies, so it was an important meeting. It was attended by over fifty people.

ZdravPlus suggested a community health education study tour for the embassy's International Visitor program. The tour was accepted and the selected participants will go to the US in December if they receive exit visas. ZdravPlus is currently planning the itinerary for the participants and finalizing paperwork for the study tour. However, it is possible that attending such a study tour could be detrimental to the careers of the chosen participants; ZP is presently meeting with each suggested member of the study tour to determine if they are certain they want to have their name submitted for the tour.

Future Activities for ZdravPlus Turkmenistan

In the immediate future, ZdravPlus Turkmenistan plans to present a summary of the PY 4-5 work plan to the Deputy Minister of Health, for his commitment to cooperate. This commitment will make it easier for ZdravPlus to request MOH assistance in the future. Former country director Janet Maleski presented the work plan for PY 3 to Deputy Minister Sopiev at the start of PY 3 and his understanding of that plan helped to speed the writing of prikazes and other permissions.

This summer, ZdravPlus has agreed to support two health summer camps organized by Peace Corps volunteers. One camp, for students, will take place in Mary velayat. The second camp will be an immersion camp for English teachers and will use lessons on health topics to teach English. ZdravPlus also plans to support a Peace Corps volunteer's project to distribute baby growth charts to mothers in his district.

IMCI training will expand into all five pilot etraps. After this has been completed, the Ministry of Health hopes to ask the Cabinet of Ministers for money to implement IMCI training throughout the country without the need for donor support.

The Keeping Children Healthy summer diarrhea campaign will conclude in mid-July. Immediately after it is completed, ZdravPlus will begin to prepare for the fall nutrition campaign. The campaign will include a brochure on maternal and infant nutrition, and a brochure on nutrition for young children. It will include TV spots, radio spots, newspaper articles, and a cooking contest for nutritious recipes.